

County Borough of Smethwick

Annual Report

OF THE

Medical Officer of Health

FOR

1958

RICHARD J. DODDS, M.B., B.S., D.P.H.

*Medical Officer of Health, Chief Welfare Officer,
Principal School Medical Officer.*

W. L. KAY, F.A.P.H.I., M.R.S.H.

Chief Public Health Inspector.



COUNTRY DANCING AT THE SMETHWICK CLUB
FOR THE HANDICAPPED

County Borough of Smethwick

COMMITTEES, 1958-1959

Health Committee:

Chairman: Councillor R. L. Pritchard

Vice-Chairman: Alderman F. W. Perry, J.P.

The Mayor (Councillor W. J. Darby, J.P.)	Councillor A. V. Littlehales
Councillor Mrs. G. R. Brittan	Councillor W. G. Mason
Councillor J. Kimberley	Councillor Mrs. M. Richards
	Councillor E. C. Tutty

Co-opted Members for the purpose of Maternity and Child Welfare:

Mrs. M. L. Perks

Mrs. E. Stanley

Mrs. K. Smith

Miss S. C. Wright

Mental Health Sub-Committee:

All Members of the Health Committee:

Mr. J. M. Adair

Chairman: Councillor R. L. Pritchard

Welfare Sub-Committee:

All Members of the Health Committee:

Chairman: Councillor R. L. Pritchard

The Hollies and Day Nurseries Sub-Committee:

All Members of the Health Committee:

Chairman: Councillor R. L. Pritchard

Health and Education Joint Sub-Committee:

Representing Health Committee:

Councillor R. L. Pritchard

Alderman F. W. Perry, J.P.

Councillor Mrs. M. Richards.

Representing Education Committee:

The Mayor (Councillor W. J. Darby, J.P.)

Alderman Mrs. E. M. Farley, O.B.E., J.P.

Councillor E. Rogers

HEALTH DEPARTMENT STAFF:

Medical Officer of Health, Chief Welfare Officer and
Principal School Medical Officer:

Richard J. Dodds, M.B., B.S., D.P.H.

Deputy Medical Officer of Health and Deputy
Principal School Medical Officer:

Margaret E. McLaren, M.B., Ch.B., D.P.H.

Assistant Medical Officers:

F. Constance Myatt, M.B., Ch.B., D.P.H., D.I.H.

Brian Didsbury, M.B., Ch.B., D.P.H. (to 30.3.58)

Robert T. Pagan, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (from 1.7.58)

Chest Physician (part-time):

A. Wilson Russell, M.D., Ch.B., D.P.H.

Obstetrics Officer (part-time):

T. Dougray, M.B., Ch.B., M.R.C.O.G. (to 30.6.58)

Chief Public Health Inspector:

(abcdef) William L. Kay, F.A.P.H.I., M.R.S.H.

Deputy Chief Public Health Inspector:

(abc) R. G. Evans, M.A.P.H.I.

Public Health Inspectors:

(abcd) W. F. Ball, M.A.P.H.I.

(ab) J. N. Cope, M.A.P.H.I.

(ab) T. P. Jones

(ab) A. W. Reeves, M.A.P.H.I.

(abc) G. O. Wright, M.A.P.H.I.

Pupil Public Health Inspectors:

H. M. Blackshaw

D. G. Hobday

a Public Health Inspector's Certificate of the R.S.H. and S.I.E.
Joint Board.

b Meat and Food Inspector's Certificate of the R.S.H.

c Smoke Inspector's Certificate of the R.S.H.

d Certificate in Sanitary Science of R.S.H.

e Liverpool University Meat Inspector's Diploma.

f Liverpool School of Hygiene Smoke Inspector's Certificate.

Administrative Staff:

Chief Administrative Assistant: G. Cree, D.M.A.

Deputy Chief Administrative Assistant: G. A. Fox, D.P.A.

F. T. Brookes, S.R.N., R.M.N., Mental Health Officer.	Kathleen L. Whiston
F. A. Collett, Welfare Officer.	Clarissa L. Beddows
S. de Wit, Senior Clerk.	B. Bilinski (from 27.10.58)
Monica G. Parkes, Welfare Assistant.	Cynthia Bourne
B. T. Broxton	M. H. Critchley (to 31.10.58)
Frances K. Callard (i/c M.C.W. Section) (to 15.11.58)	Olivia M. Duberley
Evelyn M. Roe (M.O.H.'s Secretary).	Daphne F. Dyke
Ida Faulkner	Patricia M. Hall (to 20.7.58)
Lilian Gregory (C.P.H.I.'s Secretary)	Vera F. Handy
Doris C. Tipping (i/c School Section)	Megan I. Jones (née Cooper) (to 1.11.58)
	Joyce M. Prosser (from 3.11.58)
	Olive J. Salmon
	J. Smallwood
	Christine M. Walker (from 6.8.58)
	Mary L. Whitehouse

Nursing Staff:

Superintendent Nursing Officer :

Miss M. Wainwright, S.R.N., S.C.M., H.V.Cert.

Health Visitors :

Miss M. Adams, S.R.N., S.C.M., H.V.Cert.	Mrs. D. Grainger, S.R.N., S.C.M., H.V.Cert.
Miss J. E. Barlow, S.R.N., S.C.M., H.V.Cert.	Mrs. H. M. Hoy, S.R.N., S.C.M., H.V.Cert.
Miss K. E. C. Biggs, S.R.N., S.C.M., H.V.Cert.	Miss D. Hunt, S.R.N., S.C.M., H.V.Cert.
Mrs. I. Cowell, S.R.N., S.C.M., H.V.Cert.	Miss M. P. O'Keeffe, S.R.N., S.C.M., H.V.Cert.
Mrs. D. H. Daniels, R.F.N., S.R.N., S.C.M., H.V.Cert. (part-time)	Miss M. E. Tench, S.R.N., S.C.M., H.V.Cert.
Mrs. M. S. Fletcher, S.R.N., S.C.M., H.V.Cert. (from 23.6.58)	Miss E. M. Williams, S.R.N., S.C.M., H.V.Cert.

Student Health Visitor :

Mrs. M. S. Fletcher, S.R.N., S.C.M. (to 22.6.58)

Clinic Nurses:

Miss B. Kay, S.R.N.	Mrs. E. M. Gibbs (nee Shield)
Mrs. G. M. Littler, S.R.N.	R.S.C.N.
(part-time)	Mrs. H. M. Warner, S.E.A.N.

The work of these Health Visitors and Nurses is divided between the Health and Education Committees.

Municipal Midwives:

Miss D. Bannister, S.R.N., S.C.M. (to 20.12.58)	Mrs. A. Grosvenor, S.R.N., S.C.M.
Mrs. V. Carlos, S.R.N., S.C.M.	Mrs. D. G. Hepburn, S.C.M.
Miss M. E. Corfield, S.R.N., S.C.M.	Miss M. A. King, S.R.N., S.C.M.

Home Nurses:

Supervisor: Miss J. High, S.R.N., S.C.M., H.V.Cert.

Mrs. M. L. Bevan, S.E.A.N.	Mrs. M. C. O'Brien, S.R.N.
Mrs. J. R. Bridle, S.R.N., S.C.M.	(part-time)
Miss F. M. Hawkins, S.R.N.	Mrs. M. Slater, S.R.N.
Mrs. M. A. H. Jones, S.E.A.N.	Mrs. F. R. Snow, S.E.A.N.
Mrs. A. H. V. Mackenzie, S.E.A.N.	Mrs. E. B. Weaver, S.E.A.N.

Domestic Help Organiser:

Mrs. G. J. Thompson

Chiropodists:

Miss A. M. Dobson, M.Ch.S.	J. Beaumont, M.Ch.S.
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Matron, "The Hollies"	Miss I. Munro, S.R.N., S.R.C.N., S.C.M. (from 18.1.58 to 6.8.58)
Matron, "The Hollies"	Miss E. Holland, S.R.N., C.C.R., Q.I.D.N.S. (from 1.9.58)
Deputy Matron, "The Hollies"	Miss R. Bomber, N.N.E.B., C.C.R. (from 28.6.58 to 28.12.58)
Matron, Norman Road Day Nursery	Miss R. Bomber, N.N.E.B., C.C.R. (to 27.6.58)
Superintendent, "Hill Crest" ..	Mrs. G. A. Baltus (to 12.10.58)
Superintendent, "Hill Crest" ..	Mrs. A. S. Atkinson (from 14.10.58)
Deputy Superintendent, "Hill Crest"	Mrs. A. S. Atkinson (from 12.5.58 to 13.10.58)
Matron, "Hill Crest" New Home	Mrs. G. A. Price (to 18.3.58)
Matron, Park Hill	Miss C. C. Bruxby
Supervisor, Occupation Centre ..	Mrs. P. E. Fowkes (to 19.12.58)

Ambulance Officer: A. F. Beacon

Assistant Ambulance Officer: C. R. Twycross

Public Analyst: F. G. D. Chalmers, M.A., B.Sc., F.R.I.C.

Additional Public Analyst: C. N. Grange, B.Sc., F.R.I.C.

County Borough of Smethwick

Telephone :
SMEthwick 1461

PUBLIC HEALTH DEPARTMENT,
COUNCIL HOUSE,
SMETHWICK, 40.

To the Mayor, Aldermen and Councillors for the County Borough of Smethwick

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting my fourth Annual Report as Medical Officer of Health and Chief Welfare Officer to the County Borough of Smethwick. It is the duty of the Medical Officer of Health to report each year on the health of his area and on any other related matters he considers desirable and to supply such other relevant information as may be required from time to time by the Minister of Health. The Report has been drafted to meet the requirements of the Ministry of Health Circular 22/58 and includes at the request of the Minister a brief general review of the manner in which the Local Health Services have functioned during the first ten years in the wider setting of the National Health Service. The review will be found immediately after this introductory letter on page 20.

During 1958 the rapid passage of the Local Government Bill through Parliament to become law towards the end of the year cast shadows of uncertainty across the Local Government landscape in the West Midlands special review area, in which of course Smethwick is included.

Smethwick—Oasis or Black Spot ?

We were all gratified to note some figures given in the Registrar General's Decennial Supplement for England and Wales which was published in April. Over the years 1950-53 Smethwick is recorded in the Supplement as the only County Borough with a low mortality rate outside the South or South Eastern part of the country. In another respect, living in the Midlands cannot be too heart rending for it was seen from the same Report that the Midland region has the lowest mortality for coronary heart disease in the whole country, being 12% below the average for both sexes.

On the less satisfactory side I have to report that in 1957 Smethwick had the highest reported incidence of pulmonary tuberculosis in the country. This is indeed disturbing and clearly the observations of the Chest Physician which can be found on page 51 will be read with very close attention. Before however our citizens start packing their bags to get away from this seeming black spot I must point out that there are several reasons which lead me to think that the tuberculosis position is somewhat less serious than the number of diagnosed cases might indicate. As Dr. Russell points out in his opening remarks, a high reported incidence may be the result of an unusually active diagnostic service in which it has become the custom

for cases of tuberculosis to be formally diagnosed at an earlier stage in order that they can be kept more readily under supervision and also so that they can benefit from the Council's generous free milk scheme for those attending the Chest Clinic.

The first point which causes one to wonder whether the official figures are perhaps unduly alarming is that out of 114 diagnosed as pulmonary tuberculosis in 1957 only 22 were sputum positive. This is indeed an unusually low percentage. In 1958 out of the slightly smaller number of 98 new cases diagnosed, the proportion of sputum positive and therefore grossly infectious cases was again very low. There has been a continued and overdue fall in the number of known cases of pulmonary tuberculosis living in the community who have a positive sputum. These are dangerous patients from whom many but by no means all new cases arise, and it is particularly pleasing to note the size of this infector pool as it is called, has fallen to 15 patients. A further indicator of the relatively low infectivity of the disease, having regard to its high reported incidence, can be found in the results obtained from the skin testing of 13-year-old school-children to determine whether they needed the protection given by B.C.G. vaccination. Before testing, all known tuberculosis contacts were excluded and therefore the figure relates to children who were not known to be in contact with the disease. It was found that the proportion of Mantoux positive 13-year-olds was very much smaller than might have been expected even allowing for the exclusion of the known contacts, who are likely to be Mantoux positive anyway. This means that the number of children tested who have at any time in the past been in contact with tuberculous infection but have in nearly all cases successfully resisted the disease, was relatively small, lower in fact than in any other area covered by the Birmingham Regional Hospital Board, whose territory roughly corresponds to the West Midlands.

As we all know, Smethwick is a fully built up Borough which is continuous with other built up areas on every side. In most directions the character of the areas round about resembles that found in Smethwick, and therefore one would expect that the incidence of tuberculosis on both sides of the Local Government boundary would not be too different; in fact, it is very different—the incidence in West Bromwich for example is only half ours. All these facts suggest that the size of the tuberculosis problem in Smethwick is not so great as comparative statistics indicate. Most adult town dwellers are at some time in their lives infected with tuberculosis organisms but overcome the infection without ever being aware of it. They are left with a few calcified glands and a skin which reacts positively to the Mantoux test. The diagnosis of tuberculous disease therefore may be far from easy; there is room for differences of opinion in some cases as to whether clinical signs with shadows in the lung field betoken active disease or past events. It may be that some of the anomalous facts mentioned in the preceding paragraphs are in part due to differing standards being used in deciding at what stage a tuberculous infection becomes notifiable as tuberculous disease. It might seem that there

would be a case for a common standard of ascertainment if only because great weight is placed upon statistics in these days, and anyone looking at the tuberculosis figures already mentioned could not fail to think that Smethwick is a very unhealthy spot indeed. To attempt statistical comparison of figures which have been obtained by the application of even slightly differing clinical standards is quite unprofitable.

Nevertheless, there is no room for anything approaching complacency for there are operative in Smethwick many of the factors associated with the high incidence of tuberculosis. It is a completely built up area with a major housing problem. There is a substantial immigrant population and there are many heavy industries. It is obvious that very much remains to be done in the field of pulmonary tuberculosis.

HEALTH STATISTICS

Until a few years ago this section would have been headed "Vital Statistics" but the proper meaning of these two words is becoming forgotten and the words have acquired a popular and one could almost say an improper connotation. The population of the Borough continues to decline owing to rehousing outside the Borough boundary and other factors, the Registrar General's estimated mid-year population being 72,690. There was an increase in the number of children born which is always gratifying to report, 1,016 births being registered as against 968 the previous year, which was the lowest on record. There were 27 stillbirths during the year compared with 23 the previous year. This is a figure which has shown quite wide variations for reasons which are not immediately apparent, but it has shown a disturbing increase during the last two years. The matter is being investigated. There was quite a substantial increase in the number of people who died in the Borough during the year, 813 compared with 712 the previous year. After adjusting the local population to make it strictly comparable with other areas the standardised death-rate is 12.86 per 1,000 population, compared with 11.11 last year. Looking through the main causes of death one notes the fall in the number due to pulmonary tuberculosis, in contrast to a sharp rise in the number dying from cancer of the lung—43 people died from this cause during 1958 as against 24 last year. Most of the increase in the overall number of deaths appears to be due to two causes, vascular accidents affecting the central nervous system (commonly known as strokes)—100 people died from this cause compared with 77 the previous year—and to diseases of the heart and circulation which accounted for 285 deaths compared with 227 the previous year.

On the brighter side only 18 infants died before reaching their first birthday. The figure last year was 26. This gave a new low record for the infantile mortality rate, which is one of the most important of the health service statistics. The figure was in fact 17.95 per 1,000 live births compared with 26.26 the previous year. The neo-natal mortality rate also showed a fall to 11.81 from 17.56. There was one maternal death this year.

MENTAL HEALTH

At the beginning of the year the Minister of Health authorised the admission of mentally defective patients to hospital without legal Order or formality. This action was based on the recommendation of the Royal Commission that compulsory detention was quite unnecessary for a large number, probably the great majority of patients at present cared for in Mental Deficiency Hospitals, most of whom are child-like and prepared to accept whatever arrangements are made for them. Henceforth voluntary admission is to be the normal method and certification leading to compulsory detention will in future be used only when this is considered essential for the protection of the patient or the public. Hospital Authorities were asked to review all their patients already in hospital and to recommend bringing the existing compulsory power of detention to an end whenever the patient can suitably remain in hospital on an informal basis. This review has been carried out during the year with the result that nearly all the patients have in fact remained in hospital and very few have been discharged. Local Health Authorities are of course still responsible for ascertaining mentally defective patients in their area, supervising their welfare in the community and taking steps to get patients admitted to hospitals when necessary. In addition Local Authorities were asked to review patients of this kind who were under guardianship in the community. As the Committee will be aware this Authority has for a number of years had mental defective patients looked after by the Brighton Guardianship Society. In these cases the Guardianship Society felt and the Committee were in agreement that the guardianship arrangements should be maintained as the patients were so far from their home town and indeed few of them have had homes in Smethwick, and often no near relatives.

All these changes which were made so quietly in the early months of the year represent a great step forward in caring for mentally defective persons, and indeed most of these particular patients will hardly be affected when the Mental Health Act becomes law. Changes of name will be made which will result in that the generally disliked term "mental defective" going out of use; we will have to ensure that the new names "severely subnormal" or "subnormal" are not allowed to acquire the same hurtful associations.

Turning for a moment to the care of the mentally ill, I am pleased to report that during the year only two patients were removed to a mental hospital under a Magistrates Order because of unsoundness of mind. The majority of the patients were of course admitted for mental treatment on a voluntary basis or under a short order only, valid for a few days; nearly all the latter patients remained in hospital voluntarily after the expiration of the admission order. There was in fact quite a marked fall in the total number of patients admitted because of mental illness, the figure for 1958 being 162 compared with the exceptionally high figure of 229 admissions the previous year.

SMOKING

This has become a regular topic in my annual reports but I am inclined to think that never have so many words on a subject

fallen on so many deaf ears. Let me repeat in the most forceful way possible (capital letters please, Mr. Printer) **43 PEOPLE DIED OF LUNG CANCER IN SMETHWICK IN 1958. THE PREVIOUS YEAR ONLY 24 DIED FROM THIS CAUSE.** The number of deaths from cancer in other parts of the body has not increased to anything like the same extent—118 cases compared with 107. Again these are the local figures which are of course liable to chance variation owing to their small size. The national figures however also show that the deaths from lung cancer continue to rise inexorably.

A child will often refuse to have new food stuff and say very confidently that he doesn't like it. In the same way most heavy smokers say that they cannot give up smoking when they have never really tried. I wonder can it be because many have been smoking for so long that they have really forgotten how much better they would feel without this addiction. A nationally advertised slogan might bring the dangers of smoking to people's notice; to take a leaf out of a distinguished newspaper's most successful advertising campaign—"Top People Don't Smoke"; that wouldn't be too bad if so many top people didn't. Do people smoke because they are bored and do not know how to occupy their leisure time? Many have got money to burn, and it does take money to keep tobacco burning! If I were a mathematician and knew the price of 20 cigarettes I might work out how much it cost in a year to smoke 20 cigarettes a day. After allowing for income tax at standard rate it could be calculated how much had to be earned to provide this sum of money. I imagine it cannot be far short of £100 a year—a lot more useful things could be done with £100 a year and we would enjoy doing them, and possibly live longer if we didn't smoke.

DENTAL TREATMENT OF NURSING AND EXPECTANT MOTHERS AND YOUNG CHILDREN

This is an important part of the work of the Local Health Authority and when reviewing the subject during the year I was disturbed but not wholly surprised to note the gradual decline that has taken place in this service.

Before the National Health Service Act came into operation the Maternity and Child Welfare Committee provided one weekly dental session for mothers and children. It was proposed to expand the service as soon as practicable to provide adequate facilities for every expectant mother to be examined following her first attendance at the Ante-Natal Clinic; for the periodic examination for children under 5, and for the necessary treatment to be provided. It was hoped to increase the number of dentists employed by the Council to three in order to allocate 6 sessions weekly for this work. Mainly because of staffing difficulties and to a certain extent because of the development of the dental work under the National Health Service, the Local Authority Maternity and Child Welfare dental work has diminished considerably over the last 10 years. In 1949, 257 mothers and 205 pre-school children were treated, but many more, actually 778 expectant mothers received dental inspection. In 1958 only 80

expectant and nursing mothers and 170 children under five years were treated. Over the years between there has been a fairly steady decline in the number of mothers coming forward for treatment. Several measures have been discussed to halt the decline. Both Mr. Hamilton and his predecessor Mr. Haley Goose hoped that evening sessions for M. & C.W. patients could be introduced. This would have been a useful step, particularly for women who already had young families, but for various reasons, including the lack of stability in dental staffing it has not been possible to introduce evening sessions as yet. The future does not offer much prospect for ten years at least of any improvement in municipal dental services. I have discussed the reasons for this in previous reports and have dealt with the matter at some length in my 1958 Report as Principal School Medical Officer.

NO SMOKE WITH FIRE

My Secretary tells me that the outlines used in her system of shorthand for Smethwick and smoke are identical—that is unless one is pernickety and dots in the vowels! There seems to be more than a symbolic significance in this association of the two words. On reflection it must be admitted that the very name of the Borough looks smokey when written down. Can it be for this reason that the place name is sometimes pronounced “Smerrick,” which has an altogether more cheerful sound? On the 1st June 1958 the main provisions of the Clean Air Act 1956 came into force. After that date it became an offence to pollute the air by allowing dark smoke to come from any chimney. This prohibition of the emission of dark smoke from chimneys applies equally to houses, factories, shops and offices. A good deal of the Clean Air Act has of course been in force since the beginning of 1957 including those sections which give local authorities power to establish smoke control areas in which the householder must burn smokeless fuel. There can be no doubt that this new law as a whole has been received with very general satisfaction, especially by the inhabitants of industrial areas. Comprehensive plans are being drawn up to deal with the Borough area by area until Smethwick becomes a complete smoke controlled town. There is a great deal of work involved in a plan of this magnitude and it will take many years to complete. The Chief Public Health Inspector deals with this subject in greater detail on page 67.

ANOTHER WORD ON HOME SAFETY

In my Annual Report for 1955 under the title of “A Word on Safety,” I devoted some space in my introductory letter to the importance of home safety and discussed the work of the department in the prevention of home accidents, emphasizing the importance of the Health Visitor in this field. Most accidents in the home occur to the very young and to the very old and it is the Health Visitor working in an all purpose Local Health and Welfare Authority who regularly visits homes in which the under fives and the over sixty fives live. She is therefore in a unique position in being able to point out particular dangers in the home and to help to eliminate them.

I am pleased to report therefore that during 1958 a Home Safety Committee was formed to encourage still further work in this field. The Health Committee will recall that I reported upon the subject of home safety during the year and it was agreed that a Home Safety Committee should be set up and representatives of the following organisations should be invited to join—Public Health Department, Education Department, Estates Department, Smethwick and West Bromwich Fire Service, Staffordshire Constabulary, National Assistance Board, Midlands Electricity Board, West Midlands Gas Board, West Bromwich and District Group of Hospitals, Smethwick Ladies' Circle, Smethwick Inner Wheel, Townswomen's Guild, Smethwick Local Medical Committee, and Women's Voluntary Service.

Apart from these representatives a leading part has been played in the Committee by the Superintendent Nursing Officer, the Chief Public Health Inspector and other members of the departmental staff. The Committee met for the first time on 17th September, 1958, under my Chairmanship. It was decided as an initial effort to join in the National Home Safety "Guard that Fire" Campaign which was planned for the late autumn. The Home Safety Committee felt that the local campaign should take the form of a special Home Safety week to be put over to the public with the help of the slogan "Guard that Fire." Very many shops and traders were good enough to exhibit publicity material. Considerable help was obtained from the local Electricity and Gas Board offices and staff and ironmongers made special displays of approved fireguards and other safety devices. An important part of the campaign was a home safety poster competition organised by the Chief Education Officer for children in several age groups. The large number of entries which were received were judged by Mr. Meredith-Hawes, Principal of the Birmingham College of Arts and Crafts, and winning entries in each class were exhibited at a special meeting held in "The Firs" Clinic. Prizes which had been given by a local industrial organisation were presented by His Worship the Mayor, Councillor W. J. Darby. The high light of this meeting was a talk by Mr. Douglas Jackson who is a Surgeon at the Birmingham Accident Hospital. Mr. Jackson gave a most interesting and indeed gripping address on the subject of home safety with particular reference to the prevention of burning accidents. The audience, which filled the hall to the doors, consisted of organisers and helpers in the Home Safety Week. The whole campaign was I think most successful in bringing the subject of home safety to the forefront and considerable help was received from the local press in publicising the matter.

I regret to have to draw attention to the extreme difficulty which is encountered in persuading shop keepers to stock flame proof clothing. There are now available flame-proofing processes which in no way affect the appearance or feel of the fabrics but do render the finished garments somewhat more expensive than an untreated one. If some of the big stores could be persuaded to stock, display and really advertise flame-proof children's clothing I am confident that most mothers who could possibly afford it would be willing to pay a little extra to have safe clothing for their children. There are of course particularly dangerous garments such as young children's party

frocks—and indeed some of those worn by young women. In fact any garments which are made of a light cellular material and are stiffened or supported to stand away from the body obviously will catch fire more readily, and once having caught will burn more fiercely because of the free circulation of air on both sides of the burning fabric. The very prevalent habit of getting young children ready for bed by the fire should be discouraged and it should be remembered that pyjamas are much safer than nightdresses because they fit close to the body and are thus much less liable to burning accidents. It is of course dangerous to hang mirrors over fireplaces, to remove them to safer walls is a wise precaution, even if fireguards are always provided.

PHYSIC AND THE PHYSICIAN

Looking through some National Health figures the other day I was intrigued to notice that the cost of the pharmaceutical service disregarding prescription charges is now somewhat greater than that of the general medical service. In Smethwick the cost of the two services is almost identical. This means that as a nation we are paying as much for drugs and medicines and other dispensing as we are for our general medical practitioners. The N.H.S. estimates for 1958-59 for the general medical, dental and pharmaceutical and ophthalmic services in England and Wales came to some 175 million pounds. For the same period the grants to local health authorities were estimated to total 28 million pounds; truly an ounce of prevention and a ton of cure!

PREVENTION OF INFECTIOUS DISEASE

Under this title several matters must be mentioned. During the year the campaign for immunisation against poliomyelitis really got into its stride and a large number of young children were given two doses of the Salk type killed vaccine.

It will be apparent that very many of these injections were given to school children and in fact a special effort was made in this direction, which unfortunately had the effect of reducing the number of boosting doses against diphtheria which could be given to school children; it is hoped to plan a special campaign for the closing months of 1959 in order to rectify this position.

I am pleased to report that there was a further increase in the number of infants vaccinated against smallpox. The year's total represented about 61% of the live births and was well above the national average. This percentage showed a very satisfactory rise indeed when compared with the 49% in 1957. There is however still room for improvement.

While on the subject of infectious diseases I am sorry to have to draw attention to a further disturbing rise in the incidence of one of the venereal diseases, namely gonorrhoea. This has become a good deal more prevalent in the country as a whole and including the Midlands area. It is well known that during war time the incidence

of venereal diseases always rises but one expects it to fall to much lower levels during the succeeding years. New methods of treatment have been introduced since the war which have in fact greatly improved and facilitated the treatment of venereal diseases. It may possibly be that the very fact that these conditions can be cured so much more readily than formerly has led to increased promiscuity. A further indirect factor is undoubtedly the movement of populations associated with immigration.

HOME CARE

When our time comes I suppose that most of us would rather die in our beds. There is no doubt at all that if we have to be ill we prefer to be in our own beds rather than in the starchy and unquiet atmosphere of a hospital ward. We must, therefore, welcome the increasing pressure on the local health authorities home care services as it betokens a desirable trend towards the treatment of ill-health in the homes of the patients concerned. Natural fears which walk hand in hand with acute and chronic illness in the elderly are minimised by modern treatments and kindly care from the family doctor assisted by the district nurse and home help, all given in the familiar surroundings of the patients' own bedrooms. During the year the District Nursing and Home Help Services have in fact been very busy, and I am glad to record that their work has been facilitated by the introduction of a laundry service for the benefit of incontinent patients who are being looked after by our nurses. The Corporation provides sheets, draw sheets and pillow cases which are delivered, collected and laundered free of charge.

A great deal of varied work has been very ably carried out during the year by the Welfare Officer and his Assistant in caring for the handicapped and elderly in their own homes, so that these less fortunate members of the community are enabled to continue to live in comparative contentment in the surroundings where they have spent their lifetimes. Undoubtedly, there must be many old and lonely folk in every town who are not visited much by friends, neighbours or by Local Authority or voluntary officials. These people when they are old can easily begin to neglect themselves and may even fall into conditions of dire distress without anyone becoming fully aware of the fact. In Smethwick we try to get round this ever-present risk by maintaining a register of old people who are regularly visited by our Health Visiting and Welfare staffs, and also by a number of people of goodwill who do this valuable service voluntarily. This regular visitation ensures as far as possible that troubles are spotted as they arise and that appropriate services such as Home Helps and District Nurses can be provided to help both increasing feebleness and ill-health. At the first signs of serious deterioration, the Welfare Section undertakes more intensive visiting, in this way relatives and helpful neighbours can be supported and the home kept running for as long as possible. As a last resort old people may be advised to apply for admission to Part III Accommodation if they are in need of care and attention which cannot otherwise be provided, or alternatively assisted

in any way possible in collaboration with their own doctors and the consultant geriatrician at Summerfield Hospital, to obtain chronic sick hospital accommodation.

RESIDENTIAL ACCOMMODATION

As mentioned in my last Report the New Home at Hillcrest was brought into use at the end of 1957, and the official Opening Ceremony was carried out by the Mayor, Alderman Arthur Harris, on 21st January, 1958.

During the year great benefit has been felt from the extra places provided by the new Home, which was, of course, built to cater for the more infirm type of resident. The relentless demand for accommodation for the feebler type of resident has continued which has meant at times that most people on the waiting list for accommodation—which has never been long—have been awaiting ground floor places as they are no longer fit enough to negotiate stairs. It is becoming increasingly clear that the new Home would be infinitely more useful if it had a lift, and it is hoped that before long steps can be taken to have a lift added, which will be of great benefit.

THE SMETHWICK CLUB FOR THE HANDICAPPED

I am glad to report that the Smethwick Club for the Handicapped was founded during 1958. For a long time the need has been felt for a club for the handicapped and its provision figures in the Council's Scheme under the National Assistance Act which was approved by the Minister of Health. After certain preliminary steps had been taken, the Mayor was good enough to call a meeting of interested persons, following which a Launching Committee under the Chairmanship of Councillor R. L. Pritchard was set up to bring a club for the handicapped into being. This Committee did a great deal of work, and it was eventually decided that the club should be divided into four sections—for the blind and partially sighted, for the deaf and hard of hearing, for the physically handicapped and for those otherwise handicapped; this last group consists largely of mentally handicapped young people. The Welfare Sub-Committee made available a grant of money to assist in the setting up of the Club, which is completely independent from the Corporation being registered as a charity under the National Assistance Act. On 26th June, 1958, the first sectional meeting was held—for the blind and partially sighted, and the formal opening of the Club took place on the 10th September, 1958. The ceremony was performed by the Mayor, and was followed by a cheerful entertainment for all sections of the Club. The meetings of the sections take place in the large hall at the Cape Clinic, and the Club has been fortunate in receiving a number of valuable gifts which have enabled it to provide pleasant evenings for each of the sections twice a month. At the end of the year the Club was clearly prospering, thanks to a great deal of hard work put in by the organisers of the sections, the Chairman and members of the Committee and all concerned, including many volunteer drivers ably controlled by Mr. Collett.

The Secretary, Miss M. G. Parkes, has been indefatigable in her efforts for the Club.

I have included as a frontispiece to this report by the kind permission of the Club Committee a picture which was taken at one of the evenings for physically handicapped members.

IN CONCLUSION

As mentioned later in the report, Mr. Dougray ceased on 1st July, 1958, to be employed in a part time advisory capacity as consulting obstetrician. It will be recalled that Mr. Dougray was first appointed as obstetrics officer when St. Chad's was the municipal hospital. After 1948 the proportion of his time given over to Corporation duties was on more than one occasion reduced, and finally when Mr. Dougray changed from full-time to part-time status as a consulting obstetrician of the Regional Hospital Board, it was decided by mutual agreement that he should end his connection with the Corporation. Mr. Dougray has done a very great deal of good work for the women of Smethwick, and there are many amongst us who owe their present health, and indeed, lives, to his professional skill.

Turning to the full-time staff, two senior members left during the year, Dr. Brian Didsbury at the end of March on his appointment as Deputy Medical Officer of Health to the County Borough of Great Yarmouth, and Mr. T. B. Hamilton, who resigned from his post as Principal School Dental Officer early in the year. Both these officers did much good work during the time they were with us and I was sorry to lose their valuable services. We were pleased to welcome Dr. Terence Pagan, who was appointed to the vacant position of Assistant Medical Officer of Health and took up his duties in June after obtaining his Diploma in Public Health. In November Miss F. K. Callard, Clerk in charge of Maternal and Child Welfare Services, retired after more than 23 years of conscientious and efficient service with the Corporation. Individual mention cannot be made to other staff changes during 1958, suffice it to say that we were sorry to lose those who left and glad to welcome those who came!

Once more it is a pleasure to express my thanks to the Chairman and other members of the Health Committee, as well as to the senior officers of the Local Authority, for their most helpful co-operation throughout the year. I should like also to thank my own staff very warmly for all their excellent work during 1958. Turning to this Report my thanks are again due to Mr. Cree who prepared the draft on which most of the body of the report—from the General Statistics onwards—is based. I am indebted also to Mr. Pegler for drawing the graph.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

A handwritten signature in dark ink, reading "Richard J. Dadds". The signature is written in a cursive, flowing style with a large initial 'R'.

Medical Officer of Health.

THE FIRST TEN YEARS OF THE NATIONAL HEALTH SERVICE

This brief general review has been included in the Report at the request of the Minister of Health, who asked that Medical Officers of Health should deal with the manner in which during the first 10 years Local Health Services have functioned in the wider setting of the National Health Service Act generally. As I have been in Smethwick only during the last three of the first ten years it may be that this Section will be of somewhat limited value for comparative purposes. It will however be concerned chiefly with those two overworked words—co-operation and liaison.

The National Health Service for reasons quite outside the scope of this note was for administrative purposes divided into three:—

(1) The Hospital and Specialist Service controlled by the Regional Hospital Boards and Hospital Management Committees: the Boards of Governors controlled by the Teaching Hospitals. There is very limited Local Health Authority representation on these bodies.

(2) The General Practitioner Services—Medical, Dental, Pharmaceutical and others are run by Local Executive Councils which include a substantial minority of Local Health Authority representatives.

(3) The Local Health Services are administered by County Borough and County Councils, the month to month work being delegated to a varying extent to Health Committees which have a minority of co-opted members serving on them.

(1) The Hospital Services.

In spite of the handicap of triple control the National Health Service seems both generally and locally to have settled down very well. In my view one of the principal reasons for this relative smoothness of operation is the day to day informal co-operation at officer level between the separate branches of the service, rather than that resulting from formal joint appointments of officers by the different sections of the service. Such appointments are recommended in influential quarters as one way of plaiting together the separate strands of the Health Service. Unfortunately when two are paying the piper it is more than likely that the larger contributor will call the tune. Top level liaison is of course improved by cross representation on controlling Committees, which is another important factor in the avoidance of misunderstandings and mutual friction which might otherwise occur. In this connection it must be recorded that there is a general impression which may be quite erroneous that Local Health

Authorities have less representation on Regional Hospital Boards, Boards of Governors and Hospital Management Committees than they had ten years ago.

Smethwick is in a peculiar situation in relation to hospital administration in that it has never had a general hospital within the Borough; the former municipal hospital, St. Chad's, is situated in Birmingham, not far from the Smethwick boundary. The only hospital in Smethwick, which was in fact built for the treatment of infectious diseases, including tuberculosis, is now wholly taken over for other purposes. It has been re-named "Smethwick Hospital" and is the Midlands Centre for neurosurgery. In light of these circumstances it is perhaps less surprising than it would otherwise have been that this Local Health Authority has only two representatives on the Dudley Road Hospital Management Committee which controls St. Chad's Hospital and one representative on the West Bromwich Hospital Management Committee which is responsible for Smethwick Hospital.

The Medical Officer of Health himself by virtue of his administrative responsibilities, of his experience and professional background is in an especially favourable position to act as a useful link between the three separate arms of the Health Service. These important liaison activities are greatly facilitated if the Medical Officer of Health is a member of his Local Hospital Management Committee and one or other of the Committees of the Local Executive Council, including of course the Local Medical Committee. In Smethwick the Medical Officer of Health is a member of the last named Committee and also of the Executive Council which confirms the actions of the Controlling Committees of the various general practitioner services. In the early months of 1958 after nomination by the Executive Council I was appointed a member of the Management Committee of Highcroft Hospital, which receives all patients from Smethwick who require admission because of mental illness. This is a particularly valuable link in light of the developments which may be expected during the next ten years in the Mental Health field. The undoubted and manifold benefits which the National Health Service has brought to the public have not been entirely unmixed in the midwifery service for it is in this field that the tripartite structure of the National Health Service is potentially the most apparent to the individual patient. The district midwife, the general practitioner and the hospital and the laboratory facilities for the same woman are provided from three separate sources and it would be surprising indeed if occasional examples of inco-ordination did not occur. Nevertheless in Smethwick the position has been rationalised to a degree. Local Authority medical staff do not undertake ante-natal clinics, and all expectant mothers book both a general practitioner and a midwife if they are to be delivered at home. In these cases the doctors and midwives conduct their ante-natal examinations independently at present—there is scope for co-ordination here in spite of the practical difficulties involved—and the necessary blood group tests are taken at St. Chad's Hospital. The great majority of domiciliary deliveries are actually conducted by the midwives though the doctors are on call in case of emergency

and do in fact often visit the patient during the course of the confinement.

Patients who are to be delivered in hospital attend the hospital ante-natal clinic, in the case of St. Chad's a special clinic is run by the hospital staff in our "Firs" Clinic—a most valuable facility in view of the distance of the hospital from the centre of the Borough. These patients are of course in their doctor's care during pregnancy. When a hospital admission is necessary on social grounds because of unsuitable or overcrowded housing the Health Visitor reports on the home circumstances to the Consultant Obstetrician at St. Chad's, thus enabling him to allocate his beds to the best advantage. This close link has not up to now existed with other hospitals to which our expectant mothers are admitted and it may be that Smethwick patients are still being admitted to hospitals for confinement for reasons other than medical necessity on a first come first served basis rather than the remaining beds being allocated to those in greatest need.

Before the "Appointed Day" the Obstetric Officer at St. Chad's was employed full-time by the County Borough. Since then the proportion of his services allocated to the Local Health Authority has been reduced in successive stages until during July 1958 a decision was reached by mutual consent to terminate the joint appointment. While this might be regarded as a variation on the theme of co-ordination it had become clear to all concerned that this joint appointment had in fact greater reality on paper than in practice.

The treatment of infectious diseases including tuberculosis has been transformed by the introduction of specific drugs and the need for hospital beds has been greatly reduced. I suppose that one must not grumble therefore if our patients have to be admitted to sanatoria miles away rather than to a local hospital or a nearby sanatorium. It makes things more difficult for visitors though and may lead to prospective patients being reluctant to go in, or once in eager to come out of hospital.

(2) The General Practitioner Services.

A pattern of home care has developed during the years since the National Health Service Act came into operation. The general medical practitioner is accepted as the clinical leader of the domiciliary team and the function of the Local Health Authority is to provide the ancillary services which are increasingly being used to assist the doctor in looking after his patients in their own homes, thus saving costly and none too plentiful beds. During the decade there has been a steady growth in the home nursing service in Smethwick. More and more of the nurses' time is taken up with the care of the chronic sick and the elderly. During the early years of the service there was a very large rise in the number of injections our nurses were called upon to give. This was mainly because the earlier antibiotics were invariably given by injection at short intervals. More recently however newer preparations have come on to the market which can be injected at long intervals or given by mouth, which is surely the pleasantest route

by which to receive treatment. The home help service is meeting ever increasing demands mainly from the long term case and every effort is made to ensure that all commitments are met as fully as possible and also to see that home helps are deployed to the best advantage. Health Visitors had the scope of their work widened with the introduction of the National Health Service Act, and in Smethwick which has a combined Health and Welfare Department the Health Visitors do a great deal of visiting old people to ensure that they are keeping in reasonably good health and whenever there are any signs of physical deterioration the Health Visitor is in a good position to call in further assistance. A new service which has been added to the Local Authority's armamentarium at the very end of the ten year period has been a free laundry service for incontinent patients who are under the care of the home nursing service. Bed linen is made available on free loan, it is collected, laundered and returned to the houses in which the incontinent are being nursed, and naturally this extra help is greatly appreciated by those concerned.

It was the intention of the Local Health Authority to build a comprehensive Health Centre at Holly Lane but for various reasons the building of the Local Authority section of the Centre was delayed and in the meantime it became apparent that professional medical opinion was moving away from the Health Centre idea towards the group practice as a future pattern for medical care. Owing to the acute shortage of building land the Local Health Authority therefore decided to use the site which had been set aside for general practitioners surgeries for the construction of a new large Occupation Centre, which is in fact now nearing completion. The Local Authority Clinic at Holly Lane is expected to be ready for use in the Summer of 1959. Many will regret the passing of the comprehensive Health Centre idea.

(3) Voluntary Bodies.

This brief review would be incomplete without reference to the important role various voluntary associations and institutions play in the National Health Service. Many of the traditional services for the handicapped are administered on behalf of the Local Health or Welfare Authority by voluntary societies, for example, the Birmingham Royal Institution for the Blind undertakes the after-care services for the blind on behalf of the Council. In Smethwick too there are close and cordial relationships with the Red Cross and St. John organisations, in particular in relation to the ambulance service. Volunteers from the Red Cross and St. John man the ambulance service every night and over the week-ends, a unique example of such co-operation in a County Borough. The service is run most efficiently with obvious benefit to the County Borough and in this way valuable practical training and experience is provided for the volunteers concerned.

(4) It may be of interest to make certain statistical comparisons which will serve to show the progress which has been made in the first ten years of the National Health Service.

	1948	1958
Population	77,110	72,690
Number of babies born at home ..	632	387
Number of babies born in hospital ..	332	622
Infant Mortality (per 1,000 live births)	28.9	17.72
No. of visits by Health Visitors ..	19,017	20,436
No. of Infant Welfare Clinic attendances	25,081	17,457
Day Nursery attendances	34,366	4,609
No. of new cases of pulmonary T.B.	216	98
No. of visits by District Nurses ..	4,633*	33,527
No. of patients assisted by Home Helps	45†	420
No. of patients conveyed in Ambulances	11,340	23,877
No. of patients admitted under Magistrates Order to mental hospitals ..	27	2
No. of voluntary admissions to mental hospital	22	105

* Prior to the appointed date only three nurses were employed by the District Nursing Association and no administrative or supervisory staff.

† Extract from the Annual Report, 1948.

“ The Council has endeavoured, but with small success, to speed up a domestic help service during the past few years. Owing to the highly industrial nature of the area and therefore the great demand in industry for women labour, it has been impossible to obtain anything like adequate staff or to retain women for long when appointed. At the beginning of 1948 there was only one domestic help employed and the number of cases assisted during the year was no more than 45.

At the end of the year however, the staff position was somewhat easier and we had five full-time and three part-time helpers. These were then fully occupied and the demand for assistance exceeded the help available.”

Annual Report, 1958

GENERAL STATISTICS

Area: 2,500 acres.

Population: Census, 1951: 76,397.

Estimated pre-war: 78,290.

Estimated civilian population mid-year 1958: 72,690.

Rateable Value: April, 1959: £849,591.

Estimated Product of a Penny Rate: £3,400.

Rates in the £: 19/6 (April, 1959).

Estimated Number of Houses and Shops in the Borough: 21,757.

EXTRACTS FROM VITAL STATISTICS

					1958	1957
Live Births:	Males	..	..	..	496	501
	Females	..	..	..	520	467
	Total	..	..	..	1,016	968
Illegitimate Births included in						
	above total	..	..	..	69	54
	Birth-rate per 1,000 population	..			13.98	13.13
	Comparability Factor (Births)	..			0.95	0.95
	Birth-rate as adjusted by Factor	..			13.28	12.47
Still births:	Males	..	..	..	14	9
	Females	..	..	..	13	14
	Total	..	..	..	27	23

	Illegitimate still births included in above total	2	5
	Still birth-rate per 1,000 population	0.37	0.31
	Rate per 1,000 total births ..	25.89	23.21
Deaths:	Males	441	383
	Females	372	329
	Total	<u>813</u>	<u>712</u>

		1958	1957
	Death-rate per 1,000 population	11.18	9.66
	Comparability Factor (Deaths) ..	1.15	1.15
	Death-rate adjusted by Factor ..	12.86	11.11
Infant Deaths: Male	.. .. .	10	16
	Female	8	10
	Total	<u>18</u>	<u>26</u>

Infantile Mortality:

Legitimate infants per 1,000 legitimate births	17.95	26.26
Illegitimate infants per 1,000 illegitimate births	14.49	37.04
All infants	17.72	26.86
Deaths of infants under 4 weeks	12	17
Neo-natal mortality rate	11.81	17.56
Perinatal Mortality (i.e. still births, deaths during 1st week of life) per 1,000 total births	34.52	35.32

Maternal Mortality:

Maternal deaths	1	—
Maternal death-rate per 1,000 total births ..	0.96	—

PRINCIPAL CAUSES OF DEATH:	Number of Deaths		Rate per 1,000 population	
	1958	1957	1958	1957
Pulmonary Tuberculosis	16	19	0.22	0.26
Cancer—lung, bronchus	43	24	0.59	0.33
of other main sites	118	107	1.63	1.45
Diabetes	6	4	0.08	0.05
Vascular lesions nervous system ..	100	77	1.38	1.04
Diseases of the Heart and Circulation	285	227	3.96	3.08
Influenza	6	12	0.08	0.16
Pneumonia	39	27	0.54	0.37
Bronchitis	61	62	0.84	0.84
Other Respiratory Diseases	8	6	0.10	0.08
Ulcer of Stomach	6	9	0.08	0.12
Nephritis and Nephrosis	15	9	0.19	0.12
Hyperplasia of Prostate	6	5	0.08	0.07
Congenital malformations	7	13	0.10	0.18
Motor Vehicle Accidents	5	11	0.07	0.15
Other Accidents	14	16	0.19	0.22
Suicide	11	10	0.14	0.14
Other defined and ill defined diseases	59	60	0.82	0.81
	<hr/> 805	<hr/> 698		

NATIONAL HEALTH SERVICE ACT

MOTHERS AND YOUNG CHILDREN

NOTIFICATION OF BIRTHS

The number of live births and still births notified during the past 5 years under Section 203 of the Public Health Act, 1936, as adjusted by transferred notifications are given below :—

	1954	1955	1956	1957	1958
Live births ..	1,006	965	1,023	982	1,008
Still births ..	27	18	14	27	28
	<hr/> 1,033	<hr/> 983	<hr/> 1,037	<hr/> 1,009	<hr/> 1,036

CARE OF EXPECTANT AND NURSING MOTHERS

A full range of services continued to be provided for expectant and nursing mothers during the year. Every encouragement was given to mothers to take advantage of the services offered.

It is very pleasing indeed to report another increase in attendances at the Firs Clinic Ante-Natal sessions. A total of 1,127 expectant mothers made 4,860 attendances, compared with 981 mothers and 4,389 attendances in 1957. Three sessions were held weekly for mothers being confined at St. Chad's Hospital, and they were attended by hospital staff. Two ante-natal Clinic sessions each week were conducted by departmental midwives for women being confined at home. Post-natal clinics were held at St. Chad's Hospital for mothers who were confined there. All mothers are invited to attend for examination six weeks after their confinement. Mothers confined at home are examined post-natally by the general practitioner who had agreed to provide maternity services. Health Visitors called on women who failed to keep ante and post natal appointments with their private doctors, in an attempt to ensure that future appointments would be kept, and this continued to produce results and is a good example of the co-operation which exists in Smethwick between the general practitioner and the Local Health Authority.

Relaxation classes were held weekly for expectant mothers in the borough. Those being confined at St. Chad's Hospital attended afternoon classes at the Firs Clinic which were conducted by a physiotherapist provided by the Regional Hospital Board. Evening classes under the direction of a physiotherapist engaged by the Local Health Authority were held for mothers having their babies at home. All the classes were well attended.

Weekly mothercraft classes were conducted by Health Visitors, where advice was given to expectant and nursing mothers on matters relating to the welfare and upbringing of children.

The Health Committee made a grant of £200 to the local branch of the Diocesan Council for Moral Welfare, and in addition accepted financial responsibility for the maintenance of six unmarried expectant mothers in hostels and maternity homes outside Smethwick.

DENTAL TREATMENT

Mr. Hamilton, Principal School Dental Officer, has kindly let me have the following report on the treatment of expectant and nursing mothers and children under five during 1958.

"I take pleasure in presenting my report of the Maternity and Child Welfare Service for the year 1958.

Although we still had difficulties in staffing, the number of mothers under treatment generally was greatly increased. Much more could be done of course given adequate staff. I have always been convinced that evening sessions would be much more successful in treating mothers. They could make arrangements to have their babies looked

after much easier in the evenings. This, of course, would depend on full time dental officers being in the service.

The Occupation Centre was visited during the year and treatment was carried out.

Altogether 1958 was a satisfactory year in the Maternity and Child Welfare Service."

The following table shows details of the work which was done in 1958:

(a) Number provided with Dental Care

Patient	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	81	81	80	54
Children under five	183	174	170	166

(b) Forms of Dental Treatment provided

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures provided		Gold Inlays
		Local	General						Complete	Partial	
Expectant and Nursing Mothers	678	—	70	62	26	—	—	22	44	23	—
Children under five	282	—	138	176	14	41	—	3	—	—	—

DOMICILIARY MIDWIFERY

Shortage of midwives again caused difficulties in the domiciliary midwifery service. For the major part of the year only six midwives were employed instead of seven, and when another midwife left in December only five remained. Smethwick is not alone in its difficulty in recruiting midwives, the problem is widespread. However, the table below shows that 384 deliveries were attended, only 17 fewer than the

previous year, although the number of ante-natal visits continued to fall. No praise is too high for the midwives who struggled to carry on the service against overwhelming odds.

	1954	1955	1956	1957	1958
Number of bookings ..	450	415	461	460	472
Ante-natal visits	1,670	1,366	1,694	1,466	1,229
Deliveries attended ..	403	380	392	401	384
Nursing visits	9,579	9,530	10,367	10,489	10,410

All members of the midwifery staff were authorised to administer pethidine and gas and air analgesia. During the year the former was given in 222 cases, and the latter in 303 deliveries. Despite staffing difficulties, the practice of accompanying expectant mothers on their ambulance journey to hospital continued.

There was no easing of the position regarding beds in the local maternity hospitals, and the demand continued to exceed the supply. Where hospital confinement was requested on social grounds, members of the Health Visiting staff were asked to furnish reports on home conditions. Hospital admission in these cases was only recommended when it was felt that confinement at home would be detrimental to the health of the mother and baby, or otherwise unreasonable. In many such cases our assistance was sought by local doctors, and I am pleased to report that through full co-operation of the local maternity hospitals and of the Birmingham Regional Hospital Board, hospital delivery was made possible in all cases.

INFANT WELFARE CENTRES

Early in 1958 construction of the Holly Lane Clinic began, and when the premises are opened during 1959 there will be further proof of the progressive outlook of the Health Committee in providing modern premises wherever possible for Smethwick Health Services. In addition to facilities for Infant Welfare and Minor Ailments Clinics, the building will have a fully equipped modern dental suite. Eight infant welfare sessions continued to be held weekly, where mothers are given advice by Health Visitors, and children are periodically examined by the medical officer in attendance. There was an increase of 1,816 in the number of attendances of children under one year at infant welfare sessions, but a small decrease in attendances of children in the 1—5 year age group was a little disappointing. Details of attendances during the past five years are shown below.

		Under 1 year	1-5 years	Total
1954	.....	12,552	.. 5,621	.. 18,173
1955	.....	10,722	.. 4,658	.. 15,380
1956	.....	10,576	.. 3,926	.. 14,502
1957	.....	11,358	.. 4,326	.. 15,684
1958	.....	13,174	.. 4,283	.. 17,457

As in the past few years, a large number of children who were under the age of one year at the date of their first attendance attended the Centre for the first time. There were 828 such children, which represents 81.5% of the total live births in the borough.

Special invitations to attend the Infant Welfare Centres are sent to all children when they reach their third birthday in an effort to combat the decline in attendances after children become one year of age. At these examinations a comparatively large number of defects are discovered, a large proportion of them requiring only to be kept under observation rather than requiring treatment. Most of these examinations are carried out at the normal infant welfare clinic sessions, but towards the end of the year a special toddlers' clinic session was introduced. It is held once a month at the Firs Clinic and has proved to be very successful. The toddlers' examinations are considered to be very important, and the following tables give some idea of the numbers and types of defects found :

EXAMINATION OF TODDLERS

	No. of children examined	No. with defects	No. of defects referred	
			For treatment	For observation
Age one year ..	293	151	15	208
Age two years ..	214	134	19	223
Age three years ..	182	122	13	202
Age four years ..	29	18	2	29

Nature of defects found:

Infestation (head)	1
Teeth.. .. .	38
Skin	85
Eyes—(a) Vision	5
(b) Squint	24
(c) Other	7
Ears—(a) Hearing	1
(b) Otitis Media—R	5
L	4
(c) Other	3
Nose or Throat	50
Speech	21
Enlarged Lymphatic Glands	75
Heart and Circulation	6
Lungs	11
Development —(a) Hernia	28
(b) Other	106

EXAMINATION OF TODDLERS

Nature of defects found—*continued*.

Orthopaedic	—(a)	Posture	2
	(b)	Flat Foot	68
	(c)	Other	64
Nervous System	—(a)	Epilepsy	2
	(b)	Other	5
Psychological	(a)	Development	33
	(b)	Stability	32
Others			35
			711

SUPPLY OF DRIED MILK AND OTHER FOODS

(a) Proprietary Foods.

There was a further increase in the sale of proprietary brands of Dried Milk, a total of 11,006 lbs. being sold, which was almost double the amount sold in 1956, the last comparable year before the price of National Dried Milk was increased in April, 1957. Almost the whole of these and other welfare foods are sold by voluntary workers at the clinics, an extremely valuable contribution to the Health Services in the Borough.

(b) Ministry of Food Welfare Foods.

Arrangements for the distribution of Ministry of Food Welfare Foods daily from the Firs Clinic and at other Infant Welfare sessions continued. Voluntary workers are in charge of the distribution at most clinic sessions, and a total number of 59,034 articles were distributed to the public during the year. There was a decrease of 3,020 in the issues of National Dried Milk, a continuation of the trend since the price increase in the previous year. During the year the Ministry of Health decided that orange juice should no longer be issued to children over 2 years of age, and consequently there was a reduction in sales. 31,423 bottles were sold, compared with 44,433 bottles in 1957. As an alternative source of Vitamin C the Health Committee decided that Vitamin C tablets should be made available at the clinics for those children no longer entitled to orange juice. The total issues of Ministry of Health Welfare Foods during 1958 were as follows:

National Dried Milk:			
Full Cream			20,709 tins
Half Cream			636 tins
Orange Juice			31,423 bottles
Cod Liver Oil			3,798 bottles
Vitamin A and D Tablets ..			2,468 packets

CARE OF PREMATURE INFANTS

Arrangements continued for the care of premature infants, municipal midwives looked after those born at home during the first 14 days of life. Afterwards the welfare and progress of the child was the responsibility of the Health Visitor, for whom the medical and specialist services were available when required. Local hospitals co-operated with the midwifery service, and no difficulty was experienced in securing the immediate admission to hospital when necessary of any premature infant born at home. Two sets of equipment to facilitate the conveyance of premature infants to hospital are kept for immediate use at the Ambulance Station.

During the year, 75 babies weighing 5½lbs. or less were born to mothers normally resident in the borough. Of these, 15 were born at home, of whom 7 were nursed entirely at home, while 60 were born in hospital. There was another disturbing increase in the number of premature stillbirths. A total of 18 were notified, all except one being born in hospital. The following table gives details of all premature births during the year:

Weight at Birth	Premature Live Births									Premature Stillbirths		
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day					
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Born in hospital	Born at home	Born in nursing home.
3 lbs. 4 ozs. or less (1,500 gms. or less)	4	—	4	—	—	—	—	—	—	10	—	—
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs. (1,500-2,000 gms.)	13	—	12	—	—	—	2	—	2	4	—	—
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs. (2,000-2,250 gms.)	12	—	10	1	—	1	1	—	1	2	—	—
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs. (2,250-2,500 gms.)	31	1	30	6	—	5	5	1	4	1	1	—
Totals	60	1	56	7	—	6	8	1	7	17	1	—

DAY NURSERY

The Health Committee decided early in the year that the Day Nursery should be transferred from the premises in Norman Road to "The Hollies." This change was effective from the 30th June, 1958. The number of children who could be accommodated remained at 35, and immediate admission was arranged for any child in the priority categories. A number of other children were admitted where it was considered to be in their best interests. The total attendances during 1958 were 4,609, a decrease of 1,187 on the previous year. This decreasing trend has continued over the past two years, and is further reflected in the slightly lower average attendance at "The Hollies" than during the early part of 1957 at Norman Road. The five priority classes for admission are as follows:

- (1) Where there is no father, and the mother must work to support her children.
- (2) Where the father or mother of the child is seriously ill and confined to bed, either temporarily or permanently, at home or in hospital.
- (3) Where the mother is expecting another child and is due to go into hospital. Consideration is also given to temporary admission of children if the mother is to be confined in her own home.
- (4) Where the housing conditions of the family are so bad that normal life is impossible.
- (5) Where the mother finds that she must work to supplement the father's wages.

HEALTH VISITING

The social welfare work carried out by Health Visitors is a major contribution to the Health Services in the borough. Health Visitors undergo a comprehensive training course which qualifies them to give advice on problems arising at any age. In Smethwick, Health Visitors are employed jointly for the Local Health Authority Services and the School Health Service. Because of this they are able to provide a continuity of service from childhood to old age and are able to gain the full confidence of the public. In recent years the work of Health Visitors among the aged and the mentally ill has increased, and further expansion can be expected in the future.

One student Health Visitor successfully completed her training in June, 1958, and then became a very welcome addition to the Health Visiting staff. Unfortunately, no applications for a Health Visitors' training scholarship were received during the year. At the end of the year 1 part-time and 11 whole time Health Visitors were employed, and they are under the direct supervision of the Superintendent Nursing Officer. Health Visitors may use their own cars on duty, and those

who do so are paid "casual user" allowances. This additional mobility is invaluable in overcoming difficulties caused by the shortage of staff.

Health Visitors continued to co-operate with general practitioners in every possible manner, and this co-operation at a personal level helps to ensure the provision of an efficient service.

Once again there was an increase in the total number of visits made by Health Visitors, 1,649 more being made in 1958 than in the previous year. Details of visits made by Health Visitors during the past five years are shown below:

	1954	1955	1956	1957	1958
To Expectant Mothers:					
First Visits	278	314	332	274	259
Total Visits.. ..	453	505	520	473	432
To Children under one year of age:					
First Visits	985	942	958	969	986
Other Visits.. ..	6,124	6,102	5,031	5,513	5,305
To Children aged one to five years:					
Total Visits.. ..	11,530	10,678	7,392	7,931	8,985
To Other Classes:					
Total Visits.. ..	3,531	4,543	3,411	3,623	4,469

CHILDREN'S WELFARE COMMITTEE

This co-ordinating Committee continued to meet bi-monthly throughout the year, and officers from the National Assistance Board, the Probation Office, the Health, Education, Children's and Estates Departments, together with representatives from the N.S.P.C.C. and the W.V.S. attended the meetings. The care of children of problem families in the area is discussed confidentially with a view to determining the best course of action in each case. Wherever possible co-ordinated action is aimed at securing the most effective rehabilitation of the family, and committee action often effects a reduction in the families. I am very pleased to report that with the full co-operation of each department and organisation represented, it was possible to raise the standard of many families during 1958, but unfortunately there were still far too many in the area whose living conditions, to say the least, left much to be desired. No effort will, however, be spared to try to improve the lot of these families.

HOME NURSING SERVICE

Following the trend shown in recent years, the number of visits made by Home Nurses increased to a total of 33,563. This compared with 32,526 visits in 1957. There was very little change in the number of new patients treated, but the total number of patients treated rose to

980. 590 of these patients were 65 years of age or over at the time of the first visit during the year.

It is mainly due to the Home Nursing Service and other domiciliary Health and Welfare Services that many older people can remain in relative comfort in their own homes. To keep most old people at home it is essential that they should remain ambulant, and in many cases this is a major operation, often involving the services of two home nurses both morning and evening. Although the excessive concentration of local health authority domiciliary services is not necessarily cheaper than the cost of an institutional place, most people are much happier and contented if they can remain in their own homes.

The following table shows details of the actual work carried out during the past five years:

	1954	1955	1956	1957	1958
New Patients	921	919	854	762	766
Recovered or transferred to hospital ..	747	739	618	612	588
Died	164	148	150	121	148
Remaining at end of year	138	170	186	214	213
Visits paid during year	22,551	25,831	31,577	32,526	33,527

Requests for the Home Nursing Service are usually made by general practitioners or hospitals, and the following table gives some idea of the type of cases attended:

	1954	1955	1956	1957	1958
Medical	836	841	813	788	821
Surgical	103	172	174	130	131
Tuberculosis	38	38	27	26	24
Maternal complications	1	5	7	4	4
Infectious Diseases ..	—	1	3	—	—
Others	71	—	—	—	—
	<u>1,049</u>	<u>1,057</u>	<u>1,024</u>	<u>948</u>	<u>980</u>

PROTECTION AGAINST INFECTIOUS DISEASE

VACCINATION AGAINST SMALLPOX

The importance of vaccination against smallpox continues to be stressed upon parents of newly born infants by Health Visitors, at Infant Welfare Centres and by general practitioners. During the year 618 infants were vaccinated. This number is about 61% of the total live births in 1958, and shows a pleasing increase over the 1957 figure of 49%.

VACCINATION AGAINST DIPHTHERIA AND WHOOPING COUGH

Over the past 20 years the incidence of diphtheria has steadily declined, the favourable trend being due to the immunisation of children at an early age. All the forces of the Health Educational field are used to encourage parents to have their children immunised against diphtheria and whooping cough.

During 1958, 836 children were given a primary course of diphtheria immunisation, and 313 received reinforcing doses. The latter figure showed a considerable reduction on that for the previous year, and this was entirely due to the special efforts made during the year to vaccinate as many children as possible against poliomyelitis.

Immunisation against diphtheria and whooping cough is usually given together in a single course of injections of combined antigen. During the year 817 children were given primary protection against whooping cough, all having the combined diphtheria/whooping cough injections.

VACCINATION AGAINST POLIOMYELITIS

Greater supplies of anti-poliomyelitis vaccine became available during 1958, and sufficient was received to give a primary course of two injections to any child up to the age of 15 and expectant mothers, in addition to general practitioners and ambulance staff as well as their respective families. Altogether, 9,968 persons in these groups were given a course of injections during the year. In September, 1958, the Ministry of Health decided to make the offer of vaccination to all persons born in 1933 or subsequently, and also to offer three injections to those who had completed a primary course of injections, but third injections were to be given not less than 7 months after the primary course. Although the new offer was widely publicised locally, the response from those in the 15-25 age group was very poor, and by the end of the year only 41 such persons and 61 expectant mothers had been vaccinated. The offer of third injections was made to school children through schools and Infant Welfare Centres, and applications for 4,100 children to be given these injections had been received by the end of the year.

The expansion of the anti-poliomyelitis vaccination programme involved a vast amount of additional work for the medical, nursing and clerical staff of my department, and this was willingly accepted by all concerned. The co-operation of all general practitioners was also a very valuable contribution to the success of the programme.

AMBULANCE SERVICE

The service is manned by paid staff from 6.30 a.m. to 7.30 p.m., Mondays to Fridays, from 6.30 a.m. to 2.30 p.m. on Saturdays, and at all other times by voluntary staff provided by the British Red Cross and St. John Ambulance Brigade organisations.

The following vehicles were in use at the end of the year:

Make	H.P.	Type		Year
Austin	16	Sitting case car	3 seats	1949
Austin	16	Welfarer Ambulance	2 stretchers	1949
Daimler	27	D.C. 27 Ambulance	2 stretchers	1949
Daimler	27	D.C. 27 Ambulance	2 stretchers	1950
Morris	28.8	N.V.S. Ambulance	2 stretchers	1952
Morris	16	L.C.5 Ambulance	2 stretchers	1954
Morris	16	L.C.5 Ambulance	2 stretchers	1955
Morris	14	Sitting case Ambulance	12 seats	1954
Morris	16	L.D.1. Dual-purpose Ambulance	1 stretcher/5 seats	1956

In addition a Morris 5 cwt. van is available for maintenance purposes.

The radio control equipment has continued to prove invaluable in maintaining the extremely high standard of operational efficiency of the service in Smethwick. The six vehicles in which the equipment is installed can be given instructions at any time, and incidents are frequently recorded indicating the great value of this to patients.

During the year, a greater number of patients were carried, a greater number of journeys were made, and a greater number of miles were travelled than in 1957. The following table gives details of the work of the Ambulance Service during 1958:

		Sitting Case Cars	Ambu- lances	Total 1958	Total 1957
Number of journeys	..	869	7,509	8,378	8,133
Patients carried	.. ..	3,627	20,250	23,877	22,340
Miles travelled	.. ..	11,632	75,068	86,700	83,154
Motor Spirit consumed (gallons)	.. ..	644	5,734	6,378	6,181

“THE HOLLIES” CHILDREN’S HOME

This Home was originally opened in 1938 with accommodation for 30 rheumatic and malnourished children. Fortunately this need has almost disappeared, and during 1958 no child was admitted to the home suffering from either rheumatism or malnutrition. During recent years the Home has been used mainly as a convalescent home for school children, and for the care of children referred by the Children’s Department. The numbers accommodated at the home fluctuate considerably, and because of the low numbers in residence at the beginning of the year the Health Committee decided to offer facilities at the Home for children of neighbouring authorities. The initial response

to the offer was almost negligible, and because the Home continued to remain less than half full, it was decided that the day nursery should be transferred from the premises in Norman Road to "The Hollies," and where, after the changeover, only 15 residential places would normally be provided. Norman Road Day Nursery closed on the 28th June, and the Day Nursery at "The Hollies" opened on the 30th June. Following these changes, a number of short-stay residential children were sent to the Home by Birmingham Children's Department, and although the numbers in residence continued to fluctuate widely, the daily average attendance over the year was 14.3. The total number of patient days was 5,236 compared with 8,529 in 1957. Details of children accommodated during 1958 are as follows:

Condition	In-Patients 1.1.58	Admitted		Discharged		Re-maining 31.12.58
		Pre-School Age	School Age	Pre-School Age	School Age	
Behaviour problems ..	—	—	1	—	1	—
Chorea	—	—	1	—	1	—
Colds	—	1	—	1	—	—
Pre-Tuberculosis ..	2	—	—	—	2	—
Debility	—	—	3	—	3	—
Nocturnal Enuresis ..	—	—	1	—	1	—
Maladjusted	—	—	1	—	1	—
Children's Committee .	8	45	40	47	41	5
Other Authorities ..	1	14	17	15	17	—
	—	—	—	—	—	—
	11	60	64	63	67	5
	—	—	—	—	—	—

CARE OF CHILDREN

I am indebted to Miss Abbott for the following report:—

"During the year 1958 the number of children received into care by the Children's Committee was 143 compared to 107 the previous year.

The reasons children came into care are as follows:—

Illness of parents	76
Homelessness of family	48
Desertion by mother	10
Needing Care and Protection	1
Death of parents	2
Unsatisfactory homes	6
	<hr/>
	143
	<hr/>

It is, however, more satisfying to report that 79 children have been kept out of care. Not only does this save the Corporation money, the average weekly cost of a child in care being £5 9s. 7d. and the average contribution paid by the parents towards his maintenance being 5/-, but the child himself is saved serious suffering and disturbance through deprivation. As soon as members of the Children's Department hear the slightest rumour of a family likely to be evicted action is taken immediately. In one case whilst one officer pleaded with the agents in Birmingham the other held off the bailiffs in Smethwick, and subsequently a mutual arrangement concerning rent kept the roof over a little family of eight, and still continues to do so. Matrimonial disharmony can also threaten the security of the children in their own homes, and several times during the year such problems have been successfully wrestled with. In some cases the burden of material worries has weighed so heavily upon parents poorly equipped to meet them that the household has been in danger of disintegration. Speedy and subsequently regular support has been given to five such families including 22 children. The importance of keeping families together, in their own homes, cannot be too heavily stressed, and in connection with this work we have been glad to co-operate with Health Visitors, Welfare Officers, Probation Officers, the National Assistance Board, and the National Society for Prevention of Cruelty to Children.

One hundred and nine children remained in care at the end of the year, 148 children having passed out of care for the following reasons:—

Returned to parents	..	..	..	137
Placed for adoption	..	..	..	2
Reached 18 years of age	..	..	..	3
Re-housed with their families	..	..		5
Allowed by Committee to pass out of care	..	..	..	1
				<hr/> 148 <hr/>

Thirty-three of the children whose care has been undertaken for temporary periods, due to such reasons as their mother's admission to hospital, or to homelessness, have been boarded-out with foster-parents. Special care is taken to keep families together whenever possible.

It naturally causes a disturbance when children are admitted to a family group Home, for a temporary period. Sometimes this cannot be avoided, but in 79 instances most valuable help has been given by the Health Department by admitting such children to "The Hollies."

Sixty-one children are boarded-out on a more permanent basis. It is hoped that these children will really make a home with their foster-parents, and every help and encouragement is given to both children and foster parents to this end.

Foster parents get very worried about the children entrusted to their care at times. Their complaints about a child's behaviour are mixed up with their own feelings of guilt at failure to control him. One of the best ways of easing such tension is to broaden the whole basis of the boarding out by getting other people such as Scout Masters, School teachers, Church workers, or simply other relations to take an active interest in the child. This not only very often improves his behaviour but seems to shift some of the weight from the shoulders of the foster parent. It has been found to be well worth the time and energy involved.

Some children are so disturbed by their previous history, which includes separation from their parents, that they behave in such a way as to disrupt the even tenor of normal home life. Foster-parents find it very difficult to exert the firm discipline which supports such children and need all the help they can be given to understand and cope with the bed wetting, pilfering, lying, which are so often symptoms of deprivation. Nevertheless it can well be understood why some such children will inevitably need to be cared for in a Children's Home with the help of experienced staff. Similarly children who are homeless and will ultimately return to their parents are not readily acceptable to foster parents. They can seldom face up to the grief of parting with foster children when they have become fond of them. These children too, therefore, are apt to find their way into Homes.

The Committee's Children's Homes, "The Towers," Handsworth, and "Lee House," Bearwood, have had an average number of 11 children each resident during the year. The children's ages have ranged from one year to fifteen. The health of the children has been very good, and by means of their attendance at local schools and churches they are brought, by the House Parents, into the normal life of the community as much as possible. They go to a Pantomime and the Circus during the winter, and in summer time have outings to the country and a fortnight's holiday by the sea.

The children from "The Towers" spent their two weeks at Fairbourne on the Welsh coast of Merionethshire. The accommodation in a local school was excellent but unfortunately the weather was very bad. It is hoped that a holiday on the East Coast next year will be better.

The "Lee House" children went to Stoke Beach, near Plymouth, and camped under canvas. They thoroughly enjoyed this experience.

The Children's Committee take a very personal interest in the boys and girls entrusted to their care. Many do very well, but some require special help and training. Three children are attending Grammar Schools; one girl works at the Assay Office in Birmingham, another is a Comptometer Operator; one boy is successfully established in a local Laboratory, another in a Racing Stable and two are enjoying Sea Training. In co-operation with the Education Committee one girl has received excellent training at the National Institute of Houseworkers, Harrow.

Girls have received special training at Salvation Army and Church of England Homes and two boys, both going out to work, are living at the Toc H Hostel in Birmingham.

During 1958 an average of 13 boys licensed from Approved Schools have been the responsibility of the Children's Committee for after-care supervision. In the majority of cases the response from the boys has been very gratifying, with three exceptions which have resulted in committal for Borstal training. Twenty-two boys still remain at Approved Schools.

It is of the utmost importance that a good working relationship shall be established between the after care officer and the boy before his period of Licence at home begins. Not only must the disciplined life of the boy be carried on after he leaves his Approved School but he must have confidence in the support and interest of the officer assigned to help him. With the future in mind, therefore, visits to the boy whilst he is at the School and also visits to his home, are of very relevant importance. Additional staff has now made it possible for the after care officer to dissociate himself from the collection of money from these parents thus giving him a fairer chance of winning their confidence and co-operation.

Parents in general have a liability to contribute towards the maintenance of their children in care. They are encouraged to make this contribution voluntarily but should they fail to do so they can be brought before the Court for the making of an Order. If, subsequently, the Court is not satisfied that the terms of the Order are being carried out it can now take "the exceptional step of ordering an employer, by an attachment of earnings order, to make deductions from the earnings of an employee" and to send the amount deducted to the Court.

During 1958 the amount collected from liable relatives was £1,838.

The care of children, in many instances, involves close co-operation with other local authorities. Rates of maintenance to be paid to foster-parents, for instance, are reviewed periodically by a Conference of Authorities in the Midlands area. Boys and girls receiving training are supervised and helped by their local Children's Departments, so are other children boarded-out at a distance.

The fact that the Children's Department is small enough for a comprehensive view of children's welfare, adoptions, Homes, Approved Schools, office administration, Court work and finance, to be taken is much valued by the Birmingham University Child Service Course Organisers, who are glad to send experienced students for periods of training.

The encouraging understanding of the many and varied problems facing the department, maintained by the Chairman and Members of the Children's Committee is greatly appreciated. The co-operation and help which we received from the other departments of the Corporation show a real insight into our need, not only to advance the

happiness of the children but to keep foster parents contented. I should like to take this opportunity of expressing my sincere thanks to them and also to my own staff, three members of them having worked with me now for 10 years."

CHIROPODY SERVICE

The Chiropody Service in Smethwick was taken over in 1948 when the Ministry of Health agreed to its continuation and approved proposals under Section 28 of the National Health Service Act. Since that date the service has been available to all residents in the borough irrespective of age. It has been provided entirely free, and at no time has any attempt been made to differentiate between those patients who in all probability could pay for private treatment and those who could not afford such treatment. The staff has been strictly limited to two full-time chiropodists, and because of this difficulties are experienced if either are off duty because of illness. During 1958, 1,485 individual patients attended the clinic, of which 20 were school children and one a pre-school child. Of the remainder, 1,266 were women, 643 of whom were age 65 and over, and 198 were men, 142 of whom were age 65 and over.

Compared with 1957, the total attendances at the clinic showed a slight increase. Details over the past 5 years are shown below:

	1954	1955	1956	1957	1958
Children under five years of age	11	7	9	6	1
Children of school age	165	87	50	53	40
Expectant and Nursing Mothers	3	1	1	4	7
Other patients:					
Male	1,357	1,232	1,246	1,257	1,295
Female	9,149	8,244	8,456	8,272	8,301
	<hr/> 10,685 <hr/>	<hr/> 9,571 <hr/>	<hr/> 9,762 <hr/>	<hr/> 9,592 <hr/>	<hr/> 9,644 <hr/>

HOME CHIROPODY SERVICE

Early in 1955 the Chiropody Service was extended to provide treatment in their own homes for persons who because of serious illness or crippling defects cannot make their way to the Cape Clinic. Because of the heavy and growing demand, each individual application for home chiropody treatment is carefully checked, and in the majority of cases a member of the Health Visiting staff visits the patient before this service is approved. During 1958 the chiropodists made 400 visits to patients in their own homes, an increase of 10 over the previous year.

CONVALESCENT CARE

There were 82 applications for recuperative convalescence, and of these 54 patients were admitted to convalescent homes. Recommendations for convalescence are usually made by hospital or family doctors, and the normal period of stay at convalescent homes is two weeks. Patients are assessed according to their ability to pay for convalescent home charges and the rail or bus fare to and from the home may be included in the total amount subject to assessment so that no needy case is deterred from accepting treatment because of financial reasons.

REHABILITATION AND TRAINING

During the year the Ministry of Health approved an addition to the Council's proposals under Section 28 of the National Health Service Act in relation to the prevention of break-up of families, to enable arrangements to be made in suitable cases for the provision of rehabilitation and training, if necessary on a residential basis. During the year one mother and two of her children were accommodated under the scheme, the mother being given an eight week period of training in housecraft.

LOAN OF SICK ROOM EQUIPMENT

Throughout the year medical loan equipment was available on the recommendation of general practitioners and hospital doctors, and issues were made from the Edward Cheshire Nurses' Home, 2 Bearwood Road. No hire charge is made for equipment, a nominal deposit only being required which is refunded when articles which have been borrowed are returned in good order. No deposit is required on equipment for old age pensioners. During the year, a total of 557 articles were issued, details of which are given below :

Air Rings	42
Bed Pans	124
Bed Rests	71
Bedsteads	6
Commodes	20
Drawsheets	29
Mackintosh Sheeting	102
Urinals	44
Wheelchairs	39
Miscellaneous articles	80
	<hr/>
	557
	<hr/>

LAUNDRY SERVICE FOR INCONTINENT PERSONS

On the 1st December, 1958, a laundry service was introduced for certain incontinent patients under the care of the Home Nursing Service. In the past, the lack of an adequate supply of clean bed linen has caused great discomfort for patients and increased the difficulties of Home Nurses. Under the new service, sheets and pillow cases are lent to patients free of charge, and a twice weekly collection of soiled linen is made. The laundry work is carried out at the Rolfe Street Baths Laundry. Clean linen is delivered to patients to replace that taken for laundering. The Supervisor of Home Nurses is in charge of arrangements for the Laundry Service, which immediately began to prove its value to both patients and nurses. By the end of the year, six people had been helped under the scheme.

B.C.G. VACCINATION OF SCHOOL CHILDREN

Parents of all 13 year old school children were offered the opportunity of having their children in this age group protected if necessary against tuberculosis by the use of B.C.G. vaccination. The response was not quite so good as in 1957, parental consent being obtained in respect of 788 children. After the elimination of contacts of tuberculosis who were dealt with separately, 770 children were skin tested to find out whether they had already developed any resistance to the disease. Only those children without any useful resistance—numbering 679—received B.C.G. inoculations.

DOMESTIC HELP

Great demands continued to be made on the Domestic Help Service, and a total of 420 patients were given assistance, 368 of these being aged and infirm. The Domestic Help Organiser undertakes all the visiting for the Service, and is responsible for planning the work of the Domestic Helps. She has to ensure that all the workers, 27 full time and 43 part time, are deployed to the best advantage, and that no needy patient goes without help.

Many of the aged and infirm patients are housebound and without friends or relatives. They are dependent upon the Domestic Help for food and shopping, and because of this difficulties arise when Helps are absent from work because of sickness or any other reasons. There are no difficulties in the recruitment of staff at present, and the continued extension of the Service is only limited by its cost. The number of maternity cases assisted during 1958 was 40, a slight increase compared with the previous year. Details of the cases assisted during the past five years are as follows:

	1954	1955	1956	1957	1958
Maternity (including expectant mothers) . .	40	40	40	37	40
Tuberculosis	1	1	2	1	2
Chronic Sick	220	247	313	360	368
Others	80	45	45	27	10
	<hr/> 341	<hr/> 333	<hr/> 395	<hr/> 425	<hr/> 420

MENTAL HEALTH

MENTAL HEALTH SERVICES

Although no new legislation was promulgated in 1958 some of the recommendations of the Royal Commission on Mental Health which had been accepted by the Government began to become effective. During the year the Orders detaining many patients in the mental deficiency hospital were discharged by the Board of Control, but all the patients remained in the hospital on an informal basis. Many certified patients in mental hospitals were reclassified and remained as voluntary patients. In future, this trend towards informal and voluntary admission will continue.

One of the general principles stated by the Royal Commission was that there should be reorientation in the mental health services away from institutional care when the special facilities of the hospital services are not needed and towards care in the community. This will result in the expansion of Local Authorities Services such as the provision of residential accommodation, training facilities, and general social work to help mentally disordered patients and their relatives.

A great deal of care and planning will be required to ensure success in dealing with this delicate problem and no doubt there will be some development to report in 1959.

CARE AND AFTER-CARE OF MENTAL ILLNESS

The psychiatric outpatient clinic of Highcroft Hospital continued to hold three sessions a fortnight at the "Firs" Clinic—Wednesday afternoons and alternate Friday evenings. Patients attending this clinic were saved the long journey to the outpatient clinic at Stockland Green. The clinic also provided a further close link with the mental hospital staff in addition to a weekly clinical meeting at Highcroft Hospital which was attended by the Mental Health Officer, the Superintendent Nursing Officer and the Clerk/Duly Authorised Officer. The closest co-operation was maintained with the general practitioners who often sought the assistance of the mental health section regarding their patients requiring treatment for mental disorders.

During the year 162 Smethwick patients were admitted to the mental hospital, a decrease of 67 on the previous year's total. 55 were admitted under arrangements made by the Mental Health Officer and the Duly Authorised Officer, 105 went into hospital through the general practitioners or the hospital outpatient clinics. Admissions arranged through the Public Health Department were mainly by means of the short Order procedure under Section 20 of the Lunacy Act and it is very satisfactory to report that out of 162 patients admitted, no fewer than 152 became voluntary patients and only 5 were certified.

The following tables show how the mode of admission has changed in recent years and the result this has had on the final classification of patients.

Mode of Admission:—

	1954	1955	1956	1957	1958
Certified	24	22	10	—	2
Short Order	24	48	56	63	55
Voluntary	55	74	91	166	105
Temporary	—	2	—	—	—
	<u>103</u>	<u>146</u>	<u>157</u>	<u>229</u>	<u>162</u>

Final classification:—

	1954	1955	1956	1957	1958
Certified :					
34(33.0%)	34(23.3%)	19(12.1%)	3(1.3%)	5(3.09%)	
Discharged under Short Order :					
7(6.8%)	13(8.9%)	10(6.4%)	6(2.6%)	5(3.09%)	
Voluntary :					
62(60.2%)	95(65.1%)	128(81.5%)	220(96.1%)	152(93.82%)	
Temporary :					
—	4(2.7%)	—	—	—	
	<u>103</u>	<u>146</u>	<u>157</u>	<u>229</u>	<u>162</u>

During the year 24 certified patients were discharged from certificate and are remaining in hospital as voluntary patients. One certified patient was discharged from hospital and returned home, and one patient was discharged from hospital following a trial period at home. The increased number of certified patients who were discharged from certificate was no doubt due to the implementation of the recommendation of the Royal Commission on mental health.

Once again, I am very pleased to report that no old person was admitted to the mental hospital as a certified patient and there was a decrease in the number of aged voluntary patients.

The following table shows the final classification of persons aged 70 or over during the past five years.

	1954	1955	1956	1957	1958
Certified	8	7	3	—	—
Discharged within period of Short Order	1	1	4	1	1
Voluntary	7	14	19	45	32
Temporary	—	—	—	—	—
	<u>16</u>	<u>22</u>	<u>26</u>	<u>46</u>	<u>32</u>

Fewer patients were discharged from the mental hospital than in 1957 but almost 81 % of these left hospital within three months of their admission.

The Mental Health Officer and the Duly Authorised Officer continued to deal with the after-care of male patients discharged from mental hospital and the Superintendent Nursing Officer and Health Visitors were responsible for the after-care of female patients. This work continued to increase and particularly with the male patients, a greater number of evening visits were made to see those who had returned to work following their discharge. There were 583 visits to patients homes during the year.

There were 79 patients receiving after-care at the beginning of the year, 81 new cases were added during the year and 97 were closed, leaving 63 patients at the end of the year.

Total number of deaths and discharges	171
Accepted after-care	81
Refused after-care	16
After-care not necessary	40
Discharged to another area	5
Died	29
	—————171

Of the 97 cases closed the results were:—

Fully recovered or stabilised	77
Returned to Mental Hospital for further treatment	10
Left the area	9
Died (suicide)	1

ADMISSIONS TO MENTAL HOSPITALS DURING 1958

Classification	Sex	Aged Under 20	20-29	30-39	40-49	50-59	60-69	Aged 70 and over	Total all ages
Certified	M	—	—	1	—	1	—	—	2
	F	—	—	—	—	—	—	—	—
Observation only (Short Detention Orders)	M	—	2	6	2	4	1	5	20
	F	—	5	4	6	5	7	8	35
Voluntary	M	2	6	4	10	8	7	3	40
	F	1	4	15	12	12	11	10	65
Temporary	M	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—
Total	M	2	8	11	12	13	8	8	62
	F	1	9	19	18	17	18	18	100
Total, both sexes ..		3	17	30	30	30	26	26	162

DISCHARGES AND DEATHS—MENTAL HOSPITALS—1958

Length of stay	Sex	Aged under 20	20-29	30-39	40-49	50-59	60-69	Aged 70 and over	Total
Under 3 months ..	M	1	7	7	10	15	7	7	125
	F	1	5	16	15	16	10	8	(10 died)
3-6 months .	M	1	1	—	1	2	—	—	17
	F	—	1	—	4	3	1	3	(4 died)
6-9 months .	M	—	—	—	—	—	1	—	4
	F	—	1	—	—	—	—	2	(3 died)
9-12 months	M	—	—	—	1	1	—	3	6
	F	—	—	—	—	1	—	—	(2 died)
Over 12 months ..	M	—	1	1	1	—	2	3	19
	F	—	—	1	2	—	2	6	(10 died)
Total ..		3	16	25	34	38	23	32	171 (29 died)

MENTAL DEFICIENCY

A total of 186 mentally defective persons were under care in the community at the end of the year, and a further 83 were resident in hospitals. Following the recommendations of the Royal Commission on Mental Health, 29 patients in hospital were discharged from certificate but remained in the hospital on an informal basis. At the end of the year three patients were awaiting urgent admission for institutional care. The Regional Hospital Board made arrangements for three patients to have temporary care in hospital under the provisions of Ministry of Health Circular 5/52. One of these required post-operative care following dental treatment, and the other two were admitted to enable their parents to have a rest.

Supervision in the home was undertaken by the Mental Health Officer, Health Visitors and by Dr. Constance Myatt, who is specially authorised for this purpose.

An increasing problem has been the difficulty of placing mentally handicapped adults in employment. This position emphasises the need for industrial occupation centres or sheltered workshops, which would help the unemployed defective to maintain self-confidence in addition to improving what skills they had acquired and so giving them a chance of becoming reinstated in employment. The Albert Bradford Centre, which is under construction in Holly Lane, Smethwick, will help towards this end.

The Occupation Centre in the Cape Clinic premises continued to provide training for up to 40 mentally handicapped persons. The Centre was open for 222 days in the year and attendances totalled 6,101, an average of 27 a day. Of the 35 on the register at the end of the year, 23 were under 16 years and 12 over that age. Mid-day dinners were supplied through the School Meals Service, and the daily issue of a free bottle of milk ($\frac{1}{2}$ pint) to each child was continued. Those attending the Centre were under regular medical and dental supervision, and a barber called every three weeks, the cost of hair cutting being borne by the parents. The "Annual Camp" for mentally handicapped children and older persons was held at the School Camp near Bewdley during one week of the summer holiday, and everyone had an enjoyable time. For this opportunity thanks are due to the donor, the Education Committee, the Occupation Centre staff, and others who made the holiday possible. The year ended with a Christmas Party at the Occupation Centre, followed by a visit to the Repertory Theatre. All those attending enjoyed these activities, and also a visit to a large store in Birmingham to see "Father Christmas." Transport to and from the Occupation Centre for the more severely handicapped children was adequately provided by the Ambulance Service.

The Guardianship Society of Brighton had in their care eight patients from Smethwick, and whilst we are grateful to the Society for their care and attention to these patients, it must be acknowledged that it is not altogether desirable to have them so far from home where they can have very little contact with friends or relatives. There is, in addition, one patient under guardianship in Smethwick.

No progress has yet been made towards the provision of residential accommodation or hostels for those for whom there is "no room" at home, or who have no home. Such provision would make it possible for a number of "high grade" patients in mental deficiency hospitals to be discharged and returned to their native town where their special needs could be understood and met.

INFECTIOUS DISEASES

1.—TUBERCULOSIS

Dr. Wilson Russell has kindly let me have the following report on the work of the Chest Clinic during 1958 :

In 1957 I reported that, while tuberculosis showed a low incidence and a low mortality, there were indications of a returning rise. In November 1958 the Report of the Chief Medical Officer concerning that year gave Smethwick the highest incidence of tuberculosis in England and Wales, the figure being 151 per 100,000. While this would appear to make Smethwick the "black spot" for tuberculosis it could also be regarded as an index of high ascertainment and diagnostic efficiency of the Chest Clinic. In recent years when the tuberculosis incidence began to decline this had been noted in Smethwick some 2 to 3 years before the trend became general throughout the country and it is to be hoped that there will be no general rise again. The Hospital Authorities could not have been concerned about tuberculosis in Smethwick when they took away treatment beds and reduced clinic staff.

The 1958 statistics show only a very slight improvement from 1957. 121 new cases were added to the register of which 13 came into the borough from outside areas, which means that 108 new cases were found compared with 114 in 1957. During 1958, 117 cases were discharged as recovered, 36 were transferred out to other areas and 28 patients on the register died. This left 895 registered cases at the end of the year as compared with 955 at the end of 1957. The 108 new cases came to light as follows:—

Referred by General Practitioners	..	45
Referred from Hospitals	.. ..	23
Contact Examinations	.. ..	23
Mass X-ray—referred from Doctors	..	6
—Surveys, etc.	.. ..	11

Of the 108 new cases, 54 were male, 30 female and 24 children and 16 of the 23 cases found at Contact Examinations were children with Primary infection, as one would expect.

Attendance at the Chest Clinic in 1958 numbered 6,715, less than the previous year and the years before that, but the number of new persons attending for the first time rose slightly to 1,363 and the number of X-ray examinations of Smethwick residents went up to

4,761. Of the 1,363 new persons seen, 1,283 were classed non-tuberculous and 80 as tuberculous (the other new cases put on the register have made a previous attendance).

During the year 65 patients were known or deemed to have positive sputum tests. At the end of the year 14 of these had died, 14 were in hospital, 2 had been transferred out and 19 had become sputum negative after treatment. Thus the "infector pool" of known infectious patients at home in the town was only 16, our lowest ever figure and a big improvement on the 1957 figure of 37. It is also very creditable when 24 of the new cases discovered during the year were sputum positive. From the Public Health point of view I regard this figure as the most important of all the statistics and it would be interesting to know how Smethwick compares with the rest of the country in this respect.

During the year as many as possible of the new persons seen had a Tuberculin Skin Test (Mantoux 1 : 1000) and, excluding all tests done in connection with B.C.G. vaccination, the results are tabulated below :—

Age	Positive	Negative	Total	% Positive
0—5 ..	7	77	84	8.3
6—10 ..	12	61	73	16.4
11—15 ..	16	45	61	26.2
16—20 ..	25	48	73	34.2
21—30 ..	100	44	144	69.4
31—40 ..	112	30	142	78.8
41—50 ..	105	23	128	82.0
51—60 ..	94	20	114	82.5
61—70 ..	39	24	63	61.9
71—80 ..	11	8	19	57.9
81 plus ..	2	0	2	100.0
	<hr/> 523	<hr/> 380	<hr/> 903	<hr/> 57.9 Av.

The figures in children up to the age of 10 show an improvement over the 1957 findings which were disturbingly high, but they are still above those in 1956. It is to be hoped that the downward trend of early primary infection will be resumed. In this connection it should be recorded that a baby died at age of 3 months with acute Miliary Tuberculosis and that a patient of 60 died from primary tuberculous Meningitis in 1958.

Tuberculosis remains at about the same incidence rate in immigrants. In 1958 21 out of 121 new cases were immigrants i.e. 17.4% of new cases compared with 19.2% in 1957.

The nationalities were as follows:—

Indian	..	..	..	10
Pakistani	..	..	..	4
Irish	..	..	..	6
Polish	..	..	..	1

It should be noted that tuberculosis in West Indians is **not** a problem. Indeed, as regards the West Indians in Smethwick I would put their tuberculosis incidence rate as less than our own population. This is probably due to careful selection and screening before they are allowed to leave their own country. Asiatics and Irish continue to present the main difficulty and such cases take up 20% to 25% of the hospital bed accommodation.

In 1958 I noted that younger Asiatics are arriving and of these young men more remain Mantoux Negative up to age 25.

After the sweeping alterations (which occurred in 1957) in the treatment beds available there has been no change. Most male patients go to Prestwood Sanatorium, near Stourbridge, and most of the female and a few male patients go to St. Wulstan's Hospital, Malvern. The standard of treatment at both these hospitals is of the very highest but only the younger patients will go willingly. The older patients are reluctant to go so far away from home because the distance makes visiting difficult and expensive for their relatives. It is one of the paradoxes of modern times that with all the increased transport facilities, private cars and big wages, patients are much more reluctant to go to a country sanatorium than even 10 years ago and either want a bed near home or refuse to leave home at all. There are 5 male and 5 female beds at Heath Lane Hospital, West Bromwich, which are the only beds under my own personal charge.

I endeavour to persuade all new cases to start their treatment in hospital. There is no waiting time and in hospital they get rest and education in taking care of themselves as well as modern drug treatment. For those who refuse to go into hospital the anti-tuberculosis drugs can be given by the family doctors and the district nurses help with injections, and often the results are very good but at home the patient who is infectious is a danger to his own family who have to look after him.

In 1958 quite a number of Smethwick children were treated in the Limes Children's Sanatorium at Himley and, when required, it has been possible to have mothers and children admitted together. This is of tremendous advantage in avoiding family separation and worry for the mother needing rest and treatment. The Limes is nearer and more convenient than Kyre Park Hospital at Tenbury Wells so no child was admitted there during the year.

The average bed occupation at these different hospitals in 1958 could be estimated as follows:—

Prestwood	..	..	..	22 males
St. Wulstan's	..	..	..	4 males, 8 females
The Limes	..	..	..	6 children
Heath Lane	..	..	..	3 males, 3 females

In 1958 only 47 refills were given at the Chest Clinic and the last such treatment was in July. This marks the end of a long era of collapse therapy when air was introduced into the chest or abdomen in order to relax and rest the diseased lung. The special drugs in various combinations, but always at least two together, have now replaced collapse treatment. This is of advantage to the patient and also saves the chest physician many hours of hard work !

There is still a place for surgery but even surgery is declining. Sometimes, even after prolonged medical treatment, with rest and drugs, a patient remains infectious with a persistent lung cavity. The chest surgeon can remove or collapse the chest wall over the dangerous diseased part of the lung and so render the patient non-infectious and prevent future deterioration. The Chest Surgeons at Yardley Green Hospital very kindly attend Smethwick Chest Clinic to see and advise regarding surgical treatment and this help from Mr. MacHale and Mr. Stephenson is much valued in non-tuberculous cases in addition. Tuberculous cases are taken into Yardley Green Hospital under their care and later convalesce after operation at Heath Lane Hospital.

Smethwick Health Committee has always been most generous with its free milk scheme and this has been fully utilised again in 1958 to help children with primary disease and adult patients under treatment at home and unfit for work. Also many tuberculous families have been helped by the Housing Committee to obtain better houses and better living conditions by giving some priority in rehousing. It is by progressive improvement in social conditions, better housing, good food, intelligent personal and public hygiene as well as by early diagnosis and the best medical treatment, that Tuberculosis will eventually be eliminated. In this connection I have always affirmed that we need bigger and better houses before bigger and better hospitals !

During the year 39 contact children were given B.C.G. vaccination, less than half of the number in 1957. There was no drop in the contacts examined but quite a number of these contact children were Mantoux positive 1 : 100 although negative to 1 : 1,000. Such children did not receive B.C.G.

While the clinic attendance figures would appear to suggest some reduction in the work, this has not in fact occurred. In June the Hospital Management Committee reduced the clerical staff from 2 to 1, and in the latter half of the year Miss Underhill was off sick for 3 months when only intermittent temporary clerical assistance was provided. Sister Lewis carried out 1,025 home visits in addition to attending all clinic sessions and Mrs. Hickling did all the X-ray work for the clinic including a weekly session for expectant mothers, all school children found to be Tuberculin Test Positive under the Schools B.C.G. scheme and in addition two sessions per week for Langley Chest Clinic which has no radiographic unit. Until June Mrs. Vos typed all the correspondence while Miss Underhill dealt with filing, records, milk orders, etc. Since June, the remaining staff have tried to help as much as possible on the clerical side but it is surprising to me that any statistics and figures were produced at all at the end

of the year. I can only say "Thanks" to the Clinic staff and trust they will continue to serve in this Tuberculosis "Black Spot"!

A. WILSON RUSSELL.

The deaths notified as being attributable to tuberculosis during 1958 and 1957 are shown below:

Age Periods	1958				1957			
	Pulmonary		Other forms		Pulmonary		Other forms	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	—	—	—	1	—	—	—	—
1 to 4	—	—	—	—	—	—	—	—
5 to 14	—	—	—	—	—	—	—	—
15 to 45	1	—	—	—	3	2	—	—
45 to 64	11	2	—	—	8	—	—	—
65 upwards	2	—	—	—	6	—	—	—
TOTALS ..	14	2	—	1	17	2	—	—

The number of cases remaining on the Dispensary Register on the 31st December, 1958, was 895. This figure was made up as follows:—

Pulmonary—Males ..	336	Non-Pulmonary—Males ..	3
Females ..	189	Females ..	7
Children ..	256	Children ..	104
	<hr/>		<hr/>
	781		114
	<hr/>		<hr/>

Attendances at the Chest Clinic were as under:

	1954	1955	1956	1957	1958
Total Attendances	9,440	8,236	7,910	7,266	6,715
First Examinations	1,267	1,075	1,008	1,336	1,363
Re-examinations	4,007	3,368	3,508	3,763	3,912
Consultations	3,001	2,751	2,615	1,909	1,393
Mantoux Tests	1,214	758	996	1,164	1,110
Artificial pneumothorax ..	1,155	1,042	779	258	47
Number of X-ray units ..	3,325	3,637	3,409	3,908	4,761
Visits to patients at Home :					
(a) By Health Visitor ..	1,421	823	1,013	1,025	1,025
(b) Chest Physician ..	52	51	57	51	48
Patients admitted to Sanatoria	91	114	83	81	107
Patients discharged from Sanatoria	85	111	74	58	101
Patients died in Hospital ..	3	6	18	12	22
Patients remaining in Sana- toria at end of year ..	47	44	35	46	30
B.C.G. Vaccination (contact children)	37	50	42	80	39
Ante-Natal X-Rays.. ..					382

RETURN SHOWING THE WORK OF THE DISPENSARY DURING THE YEAR 1958

	PULMONARY			NON-PULMONARY			TOTAL			Grand Total
	Adults		Children	Adults		Children	Adults		Children	
	M.	F.		M.	F.		M.	F.		
A. (1) Number of definite cases of Tuberculosis on the Dispensary Register at the beginning of the year	354	206	263	12	13	107	366	219	370	955
(2) Transfers from Authorities of areas outside that of the Council or Board during the year ..	8	4	1	—	—	—	8	4	1	13
(3) Lost-sight-of cases returned during the year ..	—	—	—	—	—	—	—	—	—	—
B. Number of New Cases diagnosed as Tuberculous during the Year—										
(1) Class T.B. minus	33	20	21	2	4	1	35	24	22	81
(2) Class T.B. plus	17	7	—	2	1	—	19	8	—	27
(3) Non-pulmonary	—	—	—	—	—	—	—	—	—	—
C. Number of cases included in A and B written off the Dispensary Register during the year as:										
(1) Recovered	27	29	23	7	9	—	34	38	24	96
(2) Dead (all causes)	23	3	1	—	1	—	23	4	1	28
(3) Removed to other areas	18	9	4	5	—	—	23	9	4	36
(4) For other reasons	8	7	1	1	1	3	9	8	4	21
D. Number of definite cases of Tuberculosis on the Dispensary Register at the end of the year ..	336	189	256	3	7	104	339	196	360	895

2. THE COMMON INFECTIOUS FEVERS

There were no cases of smallpox, typhoid or paratyphoid fevers during 1958.

Diphtheria and Scarlet Fever

Once again there have been no diphtheria notifications in the area. Only two cases of the disease have been notified since 1949, and the last death from diphtheria in the Borough was in 1946. During the year 49 cases of scarlet fever were notified, 29 of which were children in the 5—10 year old age group.

Measles and Whooping Cough

Notifications of whooping cough decreased from 127 to 49. There were only 53 cases of measles notified.

Other Respiratory Infections

There were ten cases of acute pneumonia reported during the year. The deaths from this disease amounted to 39.

Puerperal Pyrexia

Two women were notified as suffering from fever after child-birth. In one case breasts were engorged on discharge from hospital on the eighth day, and on the ninth day there was an elevation of temperature and pulse rate, and the patient complained of severe pain in the chest. She was admitted to the Chest Unit of the Queen Elizabeth Hospital with query Pulmonary Embolism. This diagnosis was not confirmed in hospital, and she was later discharged, no cause for her pyrexia having been found. Similarly the other patient was removed to hospital with an elevated temperature and discharged eleven days later, no obvious cause for her pyrexia having been found.

Acute Poliomyelitis

There has been only one case of acute poliomyelitis confirmed during the year. This was notified as paralytic on the 19th August but was later diagnosed as non-paralytic poliomyelitis, and the little boy of 4 years 11 months old was discharged from the Little Bromwich Hospital on the 29th September, 1958.

Dysentery

Only six cases of dysentery were notified during 1958.

Food Poisoning

There were three confirmed cases of food poisoning during the year 1958. The agents identified were as follows:—

- (1) *Salmonella saint paul*.
- (2) *Salmonella typhi-murium*.
- (3) *Salmonella thompson*.

3. VENEREAL DISEASES

Statistical information about Smethwick patients attending for the first time at the Treatment Centre, Birmingham General Hospital, has again been supplied by the physician in charge. Details of such attendances during the past five years are given in the table below:—

	1954	1955	1956	1957	1958
Syphilis	7	8	6	4	6
Gonorrhoea	22	24	24	35	55
Other conditions ..	64	47	88	67	87
	<hr/> 93 <hr/>	<hr/> 79 <hr/>	<hr/> 118 <hr/>	<hr/> 106 <hr/>	<hr/> 148 <hr/>

The figures given above relate only to new cases and a very disturbing story they tell! Gonorrhoea shows the most significant increase, it will be seen that the number of new cases of the disease has more than doubled in two years.

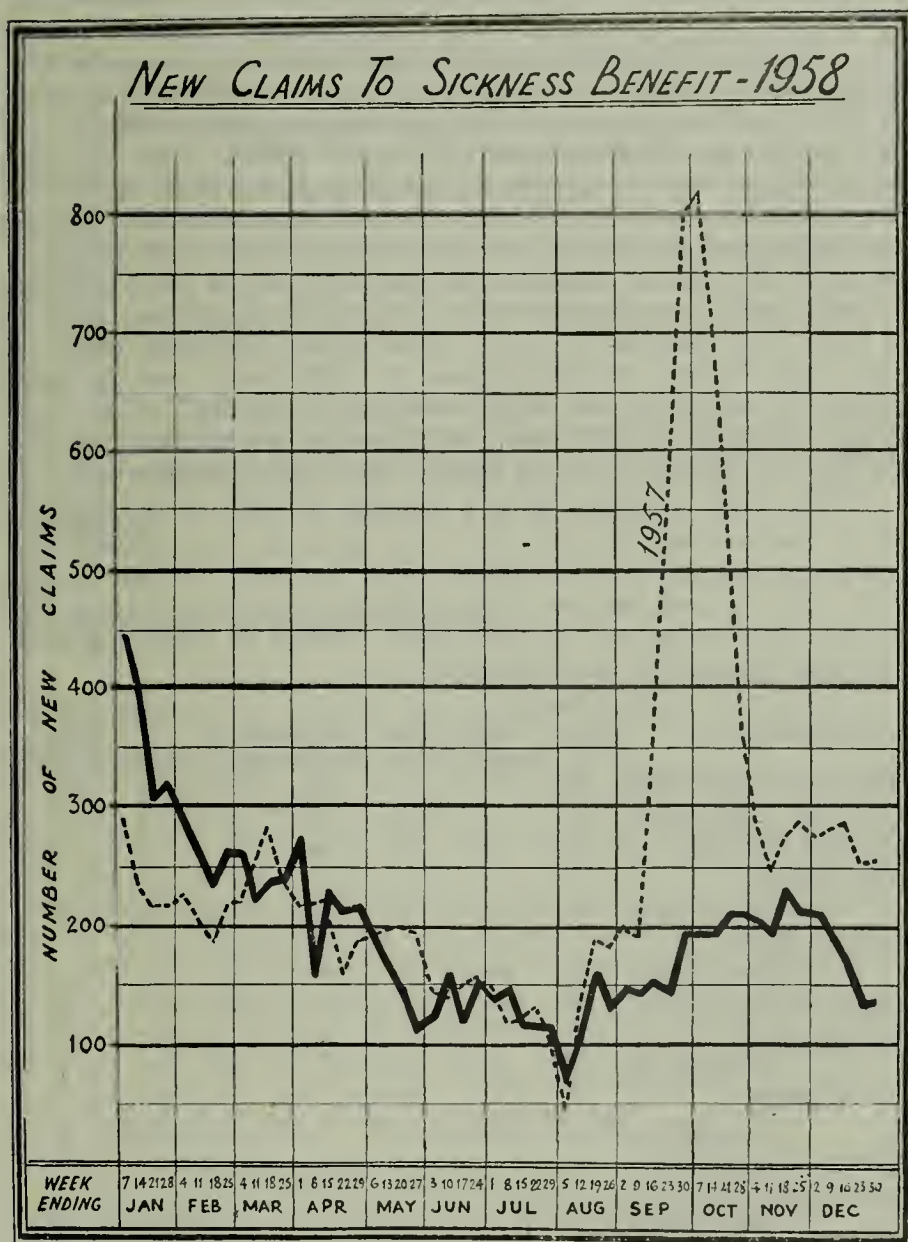
For a number of years it has been possible to cure gonorrhoea readily, if treated early the symptoms often clear up almost overnight after a single injection of penicillin. It may be that the very efficiency of the cure has in some measure encouraged promiscuity. Unfortunately while gonorrhoea in the male produces an acute urethral discharge which cannot be missed and for which early treatment is sought, in the female the discharge may be slight and may not be noticed. The patient therefore may not come under treatment until the infection is established—one of the results of which can be permanent sterility. Another obvious outcome is that the infection will be passed on if the woman is that way inclined. There have been some indications recently that the small percentage of cases of gonorrhoea who are resistant to treatment with penicillin is increasing; this is not yet a serious problem but may become so.

Large migrations of population such as occur in wartime tend to contribute towards a relaxation of moral standards; separation from families and housing difficulties are material factors in this changed attitude. For these and other reasons, venereal diseases always increase in prevalence during wars only to decline in years of peace. We now have the wartime rise and post-war reduction behind us and that is why the increased incidence of gonorrhoea during the last three years is especially disturbing. It is true that there have been large movements of population into the Midlands since the second World War; the importance of this migration has not been that infection has been brought into the district but rather that an unsettled mode of life has been promoted especially among the young men and women which has encouraged the spread of infection in the community.

INCIDENCE OF ILLNESS IN THE WORKING POPULATION

General morbidity statistics which give details of the incidence of illness in the population are not readily available to the Medical Officer of Health. This is because only a minority of diseases are

notifiable to the Public Health Department. The weekly figures kindly provided by the Ministry of Pensions and National Insurance of the number of people resident in the area who claim sickness benefit for the first time are therefore a most useful and sensitive index of the amount of illness actually occurring. The graph shows the contrast between the illness pattern this year compared with 1957 which was dominated by the Influenza epidemic in September and October.



WELFARE SERVICES

The Council's schemes under Section 21, 29 and 30 of the National Assistance Act are administered from the Public Health Department.

RESIDENTIAL ACCOMMODATION AND SERVICES FOR AGED AND INFIRM PERSONS

The Council have a duty to provide residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them.

The new Home in the grounds of "Hill Crest" was officially opened by the Mayoress on the 21st January, 1958, and during most of 1958 it accommodated its full complement of aged residents. A very happy atmosphere has prevailed in this Home which was the Council's first Home built for the purpose of providing residential accommodation under Part III of the National Assistance Act. Modern construction and equipment have combined to benefit both residents and staff. This Home, together with Park Hill and the main building at "Hill Crest" can accommodate a total of 76 old people. During the year it was possible to transfer some former Smethwick residents from "The Poplars," Wolverhampton, to "Hill Crest," and the total number of Smethwick old people remaining at the end of the year in homes provided by other local authorities and organisations was 28. One epileptic patient was in the David Lewis Colony, Manchester.

There has continued to be a shortage of beds for the chronic sick at Summerfield Hospital, but it has generally been possible to arrange admissions from our Homes when necessary without undue delay. This has been because of the excellent co-operation which exists between departmental and hospital staffs. Details of admissions and discharges during 1958 are given below :

Accommodation	No. of Residents				No. of Residents		
	1.1.58	Adm'ns from Hospital	Adm'ns from Home	Discharges to Hospital	Discharges to Home	Deaths	31.12.58
"Hill Crest," Smethwick	30	6	25	12	19	1	29
"Hill Crest," New Home	13	8	23	9	9	2	24
Park Hill, Moseley ..	20	2	10	4	7	2	19
"The Poplars," Wolverhampton	35	5	3	6	7	7	23
Bromley House, Wolverhampton	1	—	1	—	1	—	1
Solihull, Warwickshire .	1	—	—	—	—	—	1
Highbury Hall, Birmingham	1	—	—	—	—	—	1
Bryony House, Birmingham	1	—	—	—	—	—	1
"Oakdene," Birmingham	1	1	—	1	—	—	1
David Lewis Colony, Manchester	1	—	—	—	—	—	1
	<hr/> 104	<hr/> 22	<hr/> 62	<hr/> 32	<hr/> 43	<hr/> 12	<hr/> 101

Assistance continued to be given to old and handicapped people in the Borough, and Welfare staff of the department were able to make them aware of the various services provided by the Public Health Department and other agencies. The aim is to enable everyone to remain at home as long as possible in relative comfort. In addition to the Welfare Services, the Domestic Help, Home Nursing and Chiroprody Services are provided extensively for the aged and infirm.

Loneliness is one of the great problems of old age. To help old people in the Borough visits are paid by Health Visitors, the Welfare Officer and the Welfare Assistant. During 1958 Health Visitors paid 2,841 visits to aged persons, an increase of 1,080 over the previous year's figure. A few more people came forward to help in the Friendly Visiting Scheme, and the service was provided for all old persons who wished to be visited. Help with the Scheme was also offered by two local churches. Those willing to take part in the service are asked to make regular visits to some old person, and where possible arrangements are made for the volunteer to visit someone near home. I am sure that in this way many old people are able to remain happily in their own homes without the threat of loneliness casting a shadow on their lives.

The Darby and Joan, Silver Lining, Sons of Rest and Sunshine Corner Clubs provide amenities and recreation for old people. Some financial assistance was given to each of these organisations. All the clubs are well supported and provide great pleasure for the elderly in Smethwick.

TEMPORARY ACCOMMODATION

Local Welfare authorities have a duty to provide temporary accommodation for persons left homeless because of circumstances which could not reasonably have been foreseen. The only accommodation available has been at "The Poplars," Wolverhampton, where only the mother could be accepted. Children have been referred to the Children's Officer who has often asked the department to admit them to the Hollies. Adult males have been told of the various hostel accommodation in the Birmingham area where they might obtain a bed. Many families made application for assistance after being evicted from furnished accommodation at short notice. Most applications were, however, withdrawn when the nature of the assistance which could be given by the department became known. It must be pointed out that no families which could be termed "temporary accommodation" cases strictly within the terms of the National Assistance Act, came for help during the year.

Four aged persons were admitted to "Hill Crest" for short periods during the year, one when her husband was unable to care for her for a short period following his discharge from hospital, one for a period of rehabilitation after being in hospital, and two when other arrangements could not be made for the care of persons whilst repairs were being carried out to their homes.

REMOVAL OF PERSONS IN NEED OF CARE AND ATTENTION

I am again very pleased to report that it was not necessary to take action under Section 47 of the National Assistance Act for the removal of any persons found to be in need of care and attention. It is with extreme reluctance, and only as a last resort that these powers are invoked. Wherever possible the resources of the department, including the Domestic Help Service and the Home Nursing Service are used either singly or collectively to improve the conditions in the home so that compulsory removal becomes unnecessary.

PROTECTION OF PROPERTY

During 1958 it was found necessary to provide protection of property under Section 48 of the National Assistance Act in a total of 29 cases. Of these, temporary protection was necessary in 19 cases where the persons were absent from residential accommodation, either on holiday or in hospital. The property of four other residents was protected following their deaths.

BURIAL OF THE DEAD

The authority is required under Section 50 of the National Assistance Act to make arrangements for the burial or cremation of the body of any person who has died within the area, where it appears that no other suitable arrangements have been made for the disposal of the body. During 1958 three burials were arranged.

WELFARE OF BLIND PERSONS

The Council's duties for the promotion of the welfare of blind persons normally resident in Smethwick continued to be carried out on an agency basis by the Birmingham Royal Institution of the Blind. The classification of the Register of the Blind at the 31st December, 1958, was as shown below:

	Males	Females	Total
Adults in training—resident ..	1	—	1
Workshop workers	13	5	18
Workers in open employment	7	1	8
Trained for open employment but unemployed	—	—	—
Awaiting training for open employment	1	—	1
Other blind employees ..	1	—	1
Working on own account ..	—	1	1
Unemployables at home ..	27	51	78
Unemployables in Regional Board Hospitals	1	3	4
Unemployables in Welfare Department Homes ..	1	1	2
	<hr/> 52	<hr/> 62	<hr/> 114

WELFARE OF OTHER HANDICAPPED PERSONS

During the year there was an expansion of the service provided for handicapped persons under Section 29 and 30 of the National Assistance Act, 1948. Much still needs to be done to help these unfortunate persons to live as near normal lives as possible in their own homes. The service has in the past been limited because of financial provisions, but some expansion is now being made, and it is hoped that the time will soon come when every handicapped person in the Borough is receiving the maximum possible benefit from our services.

A notable innovation during the year was the formation of the Smethwick Club for the Handicapped. At the instigation of the Health Committee, a public meeting was held in the Council Chamber as a result of which a Launching Committee was founded to get the club under way. Accommodation was made available at the Cape Clinic for club meetings, and the Council made a grant for equipment. At the end of the year, four sections of the club were each meeting fortnightly and the activities were flourishing.

The Birmingham Institute for the Deaf undertakes the welfare of the deaf and dumb in the area, and in addition to social centres which are attended by Smethwick residents, home teachers of lip reading are employed. An annual grant is made by the Council to the Institute.

The Welfare Officer and Welfare Assistant deal with arrangements for the welfare of handicapped persons other than blind, partially sighted and deaf and dumb. A Register of these persons is maintained, and during 1958 20 new cases were added to the Register, 7 cases were removed because of death, and 3 persons left the district. The classification of the Register on the 31st December, 1958, was as follows :

Amputation	9
Arthritis and Rheumatism	41
Congenital malformation	5
General diseases	6
Injuries	8
Organic nervous diseases	49
Other nervous and mental disorders	8
Other diseases and injuries	3
Hard of hearing	5
	<hr/>
	134
	<hr/>

Practical help, services and amenities which were provided for handicapped people included adaptations to homes, usually to facilitate the movement of invalid chairs or to permit the bathroom or lavatory to be used more readily by the handicapped person. Among other things provided are wireless and television, the latter on a rota basis; holiday grants, handicraft materials and some limited teaching; gadgets and aids of various types to enable the handicapped to lead a near

normal life; library service; friendly visiting; domestic help; home nursing; and loan of medical equipment.

The Midlands Spastic Association to which the Council makes an annual grant, helps handicapped persons coming within its special field of service.

Mentally handicapped persons receive care and supervision from officers of the health department. Physically handicapped children are the concern of the Maternity and Child Welfare and School Health Services. The closest co-operation exists between all officers of our comprehensive health and welfare department who deal with handicapped persons. This ensures that irrespective of their ages, every possible care and service is given to handicapped persons in the borough.

MEDICAL EXAMINATIONS OF NEW ENTRANTS TO SERVICE WITH THE AUTHORITY

There was a decrease of 31 in the number of examinations undertaken by the medical staff of Corporation employees prior to their inclusion in the Superannuation or Sick Pay Schemes; or before being allowed to become food handlers. Details of examinations carried out for the various departments are given in the following table:

Department						Number Examined	
Borough Engineer's	..	..	..	..	..	30	
„	„	Special exams.	..	..	..	3	
„	„	Re-Exams.	..	..	..	3	
						—	36
Borough Librarian	..	..	..	..	..	2	
„	„	Special Exams.	..	..	..	1	
						—	3
Borough Treasurer's	..	..	..	..	..		6
Building and Maintenance	..	..	..	..	..	15	
„	„	Special Exams.	..	..	..	10	
„	„	Re-Exams.	..	..	..	4	
						—	29
Children's	..	..	..	..	..		10

Education :

Teachers	38	
Special Exams.	3	
Training Colleges	8	
School Meals Staff	43	
Special Exams.	1	
Re-Exams.	3	
School Cleaners	30	
Special Exams.	1	
Re-Exams.	6	
Staff	26	
Re-Exams.	2	
	—	161

Estates :

Cemetery	3	
Parks	12	
Special Exams.	1	
Re-Exams.	1	
	—	17

Fire Service	2	
Housing	7	
Public Health Department	54	
Re-Exams.	4	
	—	58

Town Clerk's	2	
Weights and Measures	2	
Examination carried out for other Authorities ..	2	

335

COUNTY BOROUGH OF SMETHWICK

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR ON THE SANITARY ADMINISTRATION OF THE BOROUGH FOR THE YEAR ENDED 31st DECEMBER, 1958.

To the Mayor, Aldermen and Councillors of the
County Borough of Smethwick.

Mr. Mayor, Ladies and Gentlemen,

HOUSING :

Of all the environmental services, housing is the most important. It is the right of every family in the town to live in a soundly constructed dwelling, possessing modern amenities. Unfortunately, with the exception of Salford, Smethwick is the most densely populated County Borough in the country. Consequently, the Council have a most difficult problem in dealing with the clearance of sub-standard properties, having regard to the need to re-house tenants in advance of displacement. During the year, however, it became apparent that the policy of building multi-storey flats would enable a start to be made with the clearance of obsolete properties. Accordingly, a survey was made of two areas—(1) Vittoria Street/Wellington Street, (2) Windmill Lane district. The Slum Clearance Sub-committee considered reports on these areas and decided that the larger of the two, viz: the Windmill Lane area, be dealt with first. On 29th October, 1958 and 26th November, 1958, the Council declared the areas, which embrace 191 houses and cover 7.76 acres, to be Clearance Areas.

In order to secure the orderly development of the area the Council decided to deal with it by way of Compulsory Purchase Order. This was made on 16th December, 1958, and submitted to the Minister of Housing and Local Government for confirmation.

The photographs on the opposite page show the type of sub-standard insanitary properties which the Council are demolishing under their Slum Clearance Programme.

CLEAN AIR :

In recent years the public have become increasingly interested in the condition of the air which they breathe. The four-thousand deaths attributed to the London smog of 1952 led to a demand for clean air in our time. The Clean Air Act 1956, which came into full operation in June, 1958, was the answer. This Act gave more effective power over the emission of smoke and other pollutants from industrial and commercial premises and domestic chimneys. The Beaver Committee set up by the Government to investigate atmospheric pollution



SUB-STANDARD
AND
INSANITARY
DWELLINGS

problems found that 50% of the trouble was due to the use of bituminous coal in the domestic grate, so that the blame for polluted air is shared equally by both industry and the domestic consumer. One of the most effective ways of cleaning the air of the town is by the formation of what are known as Smoke Control Areas. The principal effect of these areas is to prohibit the emission of smoke from chimneys. Grants of 7/10ths of the reasonable cost of the work of converting fireplaces so as to enable smokeless fuels to be burnt are available to owners or occupiers of domestic property within the area, to assist them in complying with the requirements of the Smoke Control Order.

During the year Smethwick's first Smoke Control Area, embracing some 12 acres, was submitted to the Ministry for approval and it comes into operation on 1st September, 1959. This covers the area of Redevelopment Site No. 2. In January, 1958, I outlined three areas in the Warley Ward where a second Smoke Control Area might be commenced. The idea is to start on the borough boundary at its juncture with the City of Birmingham and the Borough of Oldbury and to proceed by stages following the direction of the prevailing wind, which in Smethwick is south westerly, to the border with West Bromwich. Early in November I was authorised to make a survey of the area bounded by Hagley Road West, Harborne Road, the south side of Abbey Road and the west side of Galton Road. This area contains 579 premises and covers 178 acres.

At the time of writing this report the survey is completed. Great care has been taken to sell the idea of clean air to the public and a personal letter, together with explanatory literature, was sent to each householder in the area. This set out the aims of the Council, indicated that a public health inspector would shortly be calling at the house to give advice and to assess what conversion work would be required, and asking that if normal office hours were inconvenient for a visit, perhaps the householder would write or 'phone me giving a suitable time when he would be at home. Many people took advantage of this offer and evening and week-end visits were made by the two inspectors dealing with the area. Here I would like to pay special tribute to these officers who, at considerable personal inconvenience, responded so very readily and cheerfully to the increasing demands which I was compelled to make upon them. This sacrifice of leisure time did much to win the co-operation of the people of the district. This second Smoke Control Area has been submitted to the Minister for confirmation.

Many will ask "Can we hope to see a 'Smoke-free Smethwick' in our life-time?" The estimated number of houses in the Borough is 21,743. Obviously, the time for total conversion will depend on the annual rate of progress, but it would seem that 20-25 years would be a reasonable estimate. However, if, as seems possible, redevelopment of the town proceeds at a high rate, this time might be considerably reduced, as redevelopment areas could be designated Smoke Control Areas concurrently with other areas at little or no cost to the authority, as has happened in the case with Redevelopment Site No. 2.

However, I would not like it to be thought that we are pinning all our hopes for a smokeless Smethwick on Smoke Control Areas. Action is being taken steadily to deal with nuisances from industrial plants, and I would particularly direct your attention to the table which appears later in this report. Here is set out the type of nuisance encountered and the remedial action taken.

In the Fifth Report of the World Health Organisation Expert Committee on Environmental Sanitation which deals specifically with air pollution, appears a very apt comment on administration which I would like to quote, as it is in line with the policy pursued so successfully at Smethwick. "It is, of course, true that written into the legislation there must be penalties for the ultimate coercion of the recalcitrant operator, but, in many cases, an operator is ignorant of the conditions which will reduce pollution, and what he needs is, first, an intimation that he is breaking the law and, secondly, an opportunity for discussion of the state of his plant and the measures which he may take to reduce the pollution. Thus a control official who, by reason of his technological knowledge, commands the respect of the operators over whom he exercises authority is able to act as a consultant as well as a police official, and obtains optimum results in pollution reduction."

From the foregoing remarks it will be seen that the Council are making an all-out effort to achieve a Smokeless Smethwick in our time.

FOOD HYGIENE :

As a result of the late war, we have become a nation of "eaters out." With the increase in the number of meals taken out there has been a corresponding increase in the number of cases of food poisoning. Caterers and their staffs, therefore, carry a tremendous responsibility and the customer's well-being is literally in their hands. Clean premises and modern equipment are not enough in themselves to ensure clean, safe food; these must be accompanied by a high standard of hygiene on the part of the food handler. The opportunity was, therefore, taken during the year to approach the managements of our larger industrial canteens. They were asked to afford facilities for lecture demonstrations to be given to their canteen staffs during working hours; the response was most encouraging. These lectures took the form of an introductory talk, followed by the showing of suitable film strips and concluded with a general discussion. It is hoped to extend these lectures to all food handlers, as the opportunity occurs.

DISEASES OF ANIMALS ACT :

In the early part of the year an outbreak of swine fever occurred locally and persisted for some months. This, together with work in connection with the Swine Fever (Infected Areas Restrictions) Order, 1956, occupied rather more of our time than in the previous year.

CONCLUSION :

This report would be quite incomplete if I did not once again thank the chairman and members of the Health Committee for their encouragement and support. Without their active interest it would not have been possible to make the progress recorded in the pages which follow. I thank my brother officers for their friendly co-operation and the staff, both inspectorial and clerical, for their loyalty and efficient service.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

W. L. KAY,

Chief Public Health Inspector.

SANITARY INSPECTION OF THE AREA

SUMMARY OF INSPECTIONS

TABLE I

Ashes Accommodation, Inspections	3,294
Ashes Accommodation, Re-visits	2,248
Bakehouses	57
Coloured Houses	239
Complaints, Inspection	2,007
Complaints, Re-visits re Notices served	4,918
Diseases of Animals Act	114
Drains Tested	63
Factories: With Power	232
Food Inspection	674
Food Hygiene Lectures	5
Hairdressers	113
Housing Act Inspections	942
Housing Act Re-visits	1,000
Housing Act Survey	362
Infectious Disease	149
Interviews	256
Ice Cream Vendors	57
Insect Pests and Vermin	185
Meat and Other Food Premises	1,583
Markets	122
Overcrowding	82
Pet Animals Act	2
Pigsties and Stables	85
Prevention of Damage by Pests Act	38
Rag Flock Act	3
Rent Act Visits	728
Sampling: Water: Bacteriological	5
Chemical	5
Food: Bacteriological	250
Chemical	202
Fertiliser and Feeding Stuffs	18
Shops Act Inspection	6
Schools Inspected	1
Slaughterhouses	1
Slaughter, Private	2
Smoke Observations	39
Smoke Abatement Visits	299
Tents, Vans and Sheds	11
Miscellaneous	443
	20,840

SUMMARY OF DEFECTS

TABLE II

	Found	Remedied
Accumulation of Refuse	18	17
Blocked Drains	332	308
Cleansing	15	69
Dampness	29	19
Dangerous Buildings	22	16
Defective Ashbins	2,158	2,197
Defective External Brickwork and Chimneys	131	127
Defective or Insufficient Drainage	14	6
Defective Floors	75	82
Defective Firegrates	29	22
Defective Paving	15	19
Defective Plaster of Walls and Ceilings ..	255	232
Defective Rainwater Cisterns	1	1
Defective Roofs, Spouting, etc.	457	462
Defective Sinks and Wastepipes	36	37
Defective Stairs and Handrails	9	10
Defective Washboilers	7	7
Defective Water Fittings	32	35
Defective W.C.'s	176	170
Defective Woodwork of Doors, Windows, etc.	150	146
Insufficient Lighting and Ventilation	105	156
Insufficient W.C. Accommodation	2	—
Lack of Food Storage Accommodation	—	1
Lack of Sinks and Washbasins	4	88
Lack of Water Supply	1	11
Overcrowding	18	18
Miscellaneous	34	187
	<hr/> 4,125	<hr/> 4,443

WORK CARRIED OUT BY THE CORPORATION IN THE OWNER'S DEFAULT

During the year under review, the Corporation executed work at the cost of the owner as follows :—

- (1) Cleansing or repair of blocked or defective drains and repairs to defective W.C.'s under Section 49 of the Smethwick Corporation Act, 1929 264 cases
- (2) Maintenance of Public Sewers, formerly combined drains, under Section 24 of the Public Health Act, 1936 242 cases
- (3) Repair of defective roof under Section 49 of the Smethwick Corporation Act, 1948 37 cases

PREVENTION OF DAMAGE BY PESTS ACT, 1949 :

(a) PREMISES

No. of premises investigated	420
No. of premises treated	327
No. of bodies found	220

(b) SEWER MAINTENANCE TREATMENT

No. of manholes baited	392
No. of manholes showing prebait take	133
No. of manholes showing complete prebait take	45

LEGAL PROCEEDINGS

During the year legal proceedings were instituted in respect of nine premises, consequent upon the failure of the owners to comply with notices served under the Public Health Act, 1936. The results of the cases were as follow :

(1) Cases in which Abatement Orders were made ..	5
(2) Cases withdrawn—work completed	4
Number of Informal Notices served	631
Number of Statutory Notices served	1,241
Enquiries under the Land Charges Act	1,248

INSPECTION AND SUPERVISION OF FOOD :

MILK SUPPLY

The number of samples submitted for bacteriological examination was 158. The results of the examinations are summarised in the following table :—

TABLE III

Type of Milk	No. of Samples	Tests Applied	Satisfactory	Unsatisfactory
Tuberculin Tested (Pasteurised)	45	Phosphatase .. Methylene Blue .	45 43	— 2
Pasteurised	85	Phosphatase .. Methylene Blue .	84 84	1 1
Sterilised	28	Turbidity .. Methylene Blue .	28 28	— —

In the case of the unsatisfactory samples, necessary follow-up action was taken. Subsequent samples proved satisfactory.

MEAT INSPECTION

TABLE IV

Carcases and Offal Inspected and Condemned in whole or in part :

	Cattle exc. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed	958	6	34	6,454	3,060
Number Inspected	958	6	34	6,454	3,060
All Diseases except Tuberculosis :					
Whole carcases condemned	—	—	—	—	—
Carcases of which some part or organ was condemned	87	2	—	182	492
Percentage of number inspected affected with disease other than tuberculosis	9.08	33.33	—	2.81	16.07
Tuberculosis only :					
Whole carcases condemned	—	—	—	—	3
Carcases of which some part or organ was condemned	23	2	—	—	91
Percentage of number inspected affected with tuberculosis ..	2.40	33.33	—	—	3.60
Cysticercosis :					
Carcases of which some part or organ was condemned	2	—	—	—	—
Carcases submitted to treatment by refrigeration	2	—	—	—	—
Generalised and totally condemned ..	—	—	—	—	—

**Conditions and diseases found during Meat Inspection and amounts
condemned :**

TABLE V

	Lbs.				
Abscesses	322				
Actinomycosis	15				
Angioma	11				
Arthritis	44				
Bruising	7				
Cirrhosis	114				
Congestion	159				
Cysticercus Bovis	8				
Echinococcus Veterinorum	194				
Fascioliasis	495				
Fatty Infiltration	14				
Hepatitis	24				
Necrosis	15				
Parasitic	516				
Pentastomum	14				
Pericarditis	15				
Peritonitis, Pleurisy, etc.	989				
Pneumonia	454				
Tuberculosis	1,147				
	<hr/>				
	4,557				
	<hr/>				

**UN SOUND FOOD SURRENDERED AND DESTROYED
(Not including above)**

TABLE VI

	Tons	Cwts.	Qrs.	Lbs.	Ozs.
Butter				10	—
Cheese		12	1	15	8
Fish (Tinned)			2	6	4
Fish (Fresh)		1	—	—	—
Flour		2	2	—	—
Fruit	1	8	—	22	15
Meat (Carcase)		5	2	3	19
Meat (Tinned)	2	—	2	11	6
Milk		1	1	6	2
Vegetables		1	1	24	6
Miscellaneous		4	—	18	11
	<hr/>				
	4	17	3	7	7
	<hr/>				

TABLE VII
FOOD AND DRUGS ACT, 1955

Details of Unsound Food :

Foreign body in Orange Juice	Warning letter
Foreign body in Bread	Warning letter
Mould in Bilberry Pie	£3 fine
Corned Beef affected by mould	Warning letter
Selling and having for sale unsound food .	£3 fine in each case
Selling and having for sale unsound food .	£2 fine in each case

BACTERIOLOGICAL EXAMINATION OF ICE CREAM AND ICE LOLLIES

	No. of Samples	Provisional Grade I	Provisional Grade II
Ice Cream	70	68	2
		Satisfactory	Unsatisfactory
Ice Lollies	26	24	2

In the case of the two unsatisfactory ice lollies, appropriate follow-up action was taken.

TABLE VIII
SUMMARY OF ARTICLES OF FOOD AND DRUGS SUBMITTED TO THE PUBLIC ANALYST AND THE RESULTS OF THE ANALYSES

Articles Analysed	Total Samples	Genuine	Not Genuine
Milk	32	32	—
Camphorated Chalk	1	1	—
Butter	4	4	—
Margarine	3	3	—
Pork Sausage	12	9	3
Iodine	1	1	—
Peroxide of Hydrogen	1	1	—
Quinine	3	3	—
Indigestion Mixture	2	2	—
Vinegar	5	5	—
Gravy Browning	1	1	—
Bicarbonate of Soda	2	2	—
Pork Pie	1	—	1
Bread	1	—	1

TABLE VIII (continued)

Articles Analysed	Total Samples	Genuine	Not Genuine
Fish Paste	1	1	—
Veal and Ham Paste	1	1	—
Jelly	2	2	—
Meat Soup	1	1	—
Sage and Onion Stuffing	1	1	—
Cold and Influenza Mixture	3	1	2
Honey	2	2	—
Jam	2	2	—
Beef Suet	1	1	—
Coffee Essence	1	1	—
Chocolate Laxative	1	1	—
Sage	1	1	—
Pepper	1	1	—
Sausage Rolls	1	1	—
Indian Brandee	4	3	1
Ice Cream	7	7	—
Zinc, Starch and Boracic Powder	2	—	2
Senna Leaves	2	1	1
Mint Sauce	1	1	—
Tea	1	1	—
Cheese Spread	5	5	—
Buttered Chocolate	1	1	—
Soya Flour	2	2	—
Potatoes	1	1	—
Lard	1	1	—
Non-Brewed Condiment	2	1	1
Tomato Ketchup	2	2	—
Bronchial Elixir	2	2	—
Glycerine of Thymol	1	1	—
Iodised Blood Mixture	1	1	—
Cough Syrup	3	3	—
Raspberry Vinegar	1	1	—
Tonic Syrup	2	2	—
Preserved Cherries	1	1	—
Glycerine, Lemon and Ipec	2	2	—
Lung Linctus	1	1	—
Gout and Rheumatic Pills	1	1	—
Dairy Cream Sponge	1	1	—
Fish Cakes	1	1	—
Cream	5	5	—
Orange Drink	5	5	—
Balsam and Aniseed	1	1	—
Express Powders	1	1	—
Iodised Throat Tablets	1	—	1
Arrowroot	1	1	—
Iced Lolly	6	6	—
Epsom Salts	1	1	—

TABLE VIII (continued)

Articles Analysed	Total Samples	Genuine	Not Genuine
Seidlitz Powders	1	1	—
Ground Rice	1	1	—
Custard Powder	1	1	—
Mustard	1	1	—
Gin	2	2	—
Friars Balsam Tablets ..	1	1	—
Crab	3	3	—
Mentholyptus Tablets ..	1	1	—
Whiskey	1	1	—
Flour	4	4	—
Zinc and Castor Oil Cream ..	1	1	—
Fynnon Salt	1	1	—
Blood Purifier	1	1	—
Chemical Food	1	1	—
Syrup of Figs	1	1	—
Celery Pills	1	1	—
Lemon, Glycerine and Honey .	1	1	—
Mentholated Balsam	1	1	—
Horse Radish	1	1	—
Bronchial Balsam	1	1	—
Nervone Tablets	1	—	1
Baking Powder	1	1	—
Royal Chiffon	1	1	—
Cake Mixture	2	2	—
Ground Nutmeg	2	2	—
Ground Cinnamon	1	1	—
Pineapple Curd	1	1	—
Potted Salmon.. ..	1	1	—
Coffee and Chicory	1	1	—
Chicken Soup	1	1	—
Gravy Browning	1	1	—
Haza Sauce	1	1	—
Cough Syrup	1	1	—
Processed Peas.. ..	2	2	—
Garden Peas	1	1	—
Stewed Steak	1	1	—
Steak and Kidney Pie . ..	1	1	—
Bilberry Tart	1	—	1
	<hr/> 204	<hr/> 189	<hr/> 15

Note: With the exception of the Bilberry Tart, in respect of which legal proceedings were instituted and a fine of £3 imposed, all contraventions were dealt with by way of warning letters.

TABLE IX

RENT ACT, 1957

RENT RESTRICTION REGULATIONS, 1957

(1) No. of applications received for certificates of disrepair	483
(2) No. of Form J's served (Notice by local authority to landlord of proposal to issue a certificate of disrepair)	473
(3) No. of Form K's received (Undertaking by landlord to remedy defects proposed to be included in certificate of disrepair)	298
(4) No. of Form L's issued (Certificates of Disrepair)	156
(5) No. of Form L's cancelled	25
(6) No. of Form P's issued (Certificates as to remedying of defects):	
(a) To Landlord	9
(b) To tenant	13

SMOKE NUISANCES AND RESULT OF ACTION TAKEN

1. **Nuisance:** Nuisance from hand-fired Lancashire boiler.
Action: Advice given. Grate area reduced, flue repaired. Change of fuel.
Pending: New boiler installation, with automatic stoking plant.

2. **Nuisance:** (a) Emission of zinc oxide.
(b) Emission of fumes from manganese bronze rocking furnace.
Action: (a) Ventilating system to melting pots installed, incorporating bag filter plant, to collect solid matter from gases.
(b) Overheating of metal to be avoided, to reduce risk of oxidation.

3. **Nuisance:** Smoke nuisance from Vertical Boiler.
Action: Use of bituminous coal discontinued, and coke used in place.

4. **Nuisance:** Economiser failure.
Action: New economiser installed. Installation of new Economic Boilers, with chain grate stokers.
5. **Nuisance:** (a) Smoke nuisance from muffle used for the heating of metal strip.
(b) Smoke nuisance from a vertical boiler.
Action: (a) Brickwork to flues repaired and new damper doors fitted. Adjustment made to secondary air supply. Fuel changed.
(b) Oil-fired boiler installed.
6. **Nuisance:** Smoke emissions.
Action: New oil-burning appliance installed.
7. **Nuisance:** Emission of smoke from incinerator.
Action: Grate re-constructed and advice given re firing.
8. **Nuisance:** (a) Nuisance from furnace muffle.
(b) Fume emission from plant used to dry catalyst.
Action: (a) New oil burners fitted and adjustments made to improve atomisation.
(b) Chimney raised to assist dilution and dispersal of gases.
9. **Nuisance:** Smoke nuisance, due to stoker failure.
Action: Fuel had accumulated in smoke box and ignition had occurred—fire damped down and stoker repaired.
10. **Nuisance:** Nuisance from annealing plant.
Action: Muffle repaired and fuel with low volatile content used.
11. **Nuisance:** Nuisance from ventilating system used for removal of waste products from spraying plant.
Action: Coke scrubber installed and brickwork to wall repaired.
12. **Nuisance:** Grit nuisance from boiler plant.
Action: Grit arrester installed.

13. **Nuisance:** Smoke and fume nuisance from processing plant.
Action: Change of fuel and chimney height increased to assist dispersal of fumes.
14. **Nuisance:** Smoke nuisance from incinerator.
Action: Advice given on correct operating methods.
15. **Nuisance:** Smoke nuisance from vertical boiler plant.
Action: Fuel changed.
16. **Nuisance:** Smoke nuisance from Lancashire Boiler.
Action: Installation of new boiler and replacement of sprinkler type of automatic stoker by coking type.
17. **Nuisance:** Fume emissions.
Action: New plant installed, incorporating fume treatment and dust suppression.
18. **Nuisance:** Grit emissions.
Action: Use of pulverised fuel discontinued, for heating in two furnace muffles, and oil firing adopted.

1. INSPECTIONS OF FACTORIES, INCLUDING INSPECTIONS MADE BY PUBLIC HEALTH INSPECTORS

PREMISES	Number on Register	NUMBER OF			Occupiers prosecuted
		Inspections	Written notices		
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	15	—	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority	276	232	27	—	—
(iii) Other Premises in which Section 7 is enforced by the local authority (excluding outworkers' premises) ..	—	—	—	—	—
TOTAL	291	232	27	—	—

2. CASES IN WHICH DEFECTS WERE FOUND

PARTICULARS	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate Ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)	3	2	—	—	—
(a) insufficient	24	13	—	—	—
(b) unsuitable or defective	—	—	—	—	—
(c) not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork	—	—	—	—	—
TOTAL	27	15	—	—	—

22

INDEX

	<i>Page</i>
Aged Persons, Care of	62-63
Albert Bradford Centre	61
Ambulance Service	37
Ante-natal Care	28
Bacteriological Examinations	77
Births, notification of	25
numbers of	25
Blind Persons, Welfare of	64
Burial of the Dead	64
Chest Clinic, work of	57-58
Children's Officer's Report	39-43
Chiropody Service, Clinic	43
Home Visits	43
Clean Air Act	14, 68
Clinics, Ante-natal and post natal	28
Psychiatric	46
Toddlers	30-31
Committees, Constitution of	3-4
Convalescent Treatment	44
Day Nursery	34
Deaf Persons, Welfare of	65
Deaths, Causes of	27
Dental Treatment	28-29
Diocesan Council for Moral Welfare	28
Diphtheria, Incidence of	59
Immunisation	37
Diseases of Animals Act	70
Domestic Help Service	45
Dysentery	59
Expectant and Nursing Mothers, Care of	28
X-ray examinations	57
Factory Inspection	83
Food Inspection and Supervision	75, 79
Food Analysis	77-78
Food Hygiene	70
Ice Cream	77
Legal Proceedings	74
Meat Inspection	75
Milk Supply	75
Unsound Food Surrendered	76
Food Poisoning	59
General Statistics	25
Handicapped Persons, Welfare of	65
Health Visiting	34
" Hillcrest "	18

INDEX (*continued*)

" Hollies " Children's Home	38
Holly Lane Clinic	23
Home Nursing Service	35
Home Safety	14-16
Housing	68
Immunisation (see under Vaccination)	
Infant Mortality	26
Infant Welfare Centres	30
Infectious Diseases. Incidence of	52-59
Inspections, Summary of	72
Introductory Letter of Medical Officer of Health	9-19
Introductory Letter of Chief Public Health Inspector	68-71
Laundry Service for Incontinent Persons	45
Legal Proceedings	74, 79
Loan of Sick Room Equipment	44
Lung Cancer	12-13
Maternal Mortality	26
Medical Examination of Infants	30
of new Entrants	66
of Toddlers	30
Mental Health Service	46-52
Admission to Mental Hospitals	24, 49
Care and After Care of Mental Illness	46
Discharges from Mental Hospitals	50
Hostel Accommodation	51
Mental Deficiency	51-52
Occupation Centre	51
Psychiatric Out-Patients' Clinic	46
Royal Commission	51
Midwifery Services	29-30
Administration of Gas and Air Analgesia	30
of Pethidine	30
Mothers and Children, Care of	28-34
National Health Service	20-24
Neo-natal Mortality	26
Occupation Centre	51-52
" Park Hill "	62
Perinatal Mortality	26
Persons in Need of Care and Attention	64
Pest Destruction	74
Poliomyelitis, Incidence of	59
Immunisation	37
Population	24
Post-natal Care	28
Premature Infants, care of	33

INDEX (*continued*)

Premises, Enforcement of Repairs	74
Inspection of	72
Summary of Defects	73
Prevention of Accidents in the Home .. .	14-15
Protection of Patients' Property	64
Psychiatric Out-Patients' Clinic	46
Public Analyst	77-79
Puerperal Pyrexia	59
Rateable Value	25
Rehabilitation—Training	44
Relaxation Classes	28
Rent Act, 1957	80
Residential Accommodation for Aged	62-63
Sanitary Administration	72
Scarlet Fever	59
Smoking and Lung Cancer	12
Staff	4-7, 19
St. Chad's Hospital	20-22
Temporary Accommodation	63
Tuberculosis. Deaths	27, 53
Incidence of	10, 52
Housing	55
Report of Chest Physician	52-56
Unmarried Mothers, Care of	28
Vaccination and Immunisation	36-37
B.C.G. Vaccination	45
Diphtheria Immunisation	37
Poliomyelitis Vaccination	37
Smallpox Vaccination	36
Whooping Cough Immunisation	37
Venereal Diseases	60
Voluntary Workers	23
Welfare Foods, Distribution of	32
Welfare Services	62
Working Population, Incidence of Illness	60-61

